

SITE SAFETY REPORT - GENERAL

(TO BE COMPLETED BY SUBCONTRACTOR OR BGC EMPLOYEE BEFORE COMMENCEMENT OF WORK)

DIVISION: _____ BUILDER/OWNER: _____

ADDRESS: _____

DATE: _____ TIME: _____ AM/PM REFERENCE #: _____

PLEASE CIRCLE ONE

- | | | | |
|--|-------------|----|------------------------|
| 1. Suitable access to and from site | YES | NO | N/A |
| 2. Site safety signs displayed | YES | NO | N/A |
| 3. Builder's Site Safety Management Plan on site | YES | NO | N/A |
| 4. Site is clear of excess debris / trip hazards | YES | NO | N/A |
| 5. Additional hazards because of weather | YES | NO | N/A |
| 6. Toolbox Meeting conducted | YES | NO | N/A |
| 7. Site Power RCD protected | YES | NO | N/A |
| 8. First aid kit available | YES | NO | N/A |
| 9. All electrical inspected and has current tag | YES | NO | N/A |
| 10. Overhead power hazards | YES | NO | N/A |
| 11. If under 3 metres is additional fall protection required | YES | NO | N/A |
| 12. If over 3 metres is fall protection in place | YES | NO | N/A |
| 13. Platform scaffold required | YES | NO | N/A |
| • Platform 3 planks wide | YES | NO | N/A |
| • Handrail at 900 mm | YES | NO | N/A |
| • Gate and kick board installed | YES | NO | N/A |
| 14. Other trades working above or below | YES | NO | N/A |
| 15. Work will endanger other trades on site or the public | YES | NO | N/A |
| 16. Communication available if working alone | YES | NO | N/A |
| 17. PPE is being worn as per site requirement | YES | NO | N/A |
| 18. Generic JSA No. _____ | Date: _____ | | |
| 19. Does that JSA identify and control all the site hazards | YES | NO | |
| 20. Is a JSA Variation Form required | YES | NO | (If YES – send to BGC) |
| 21. Is a Non Generic JSA required | YES | NO | (If YES – send to BGC) |

NOTE: If the answer to number 19 is "NO" a JSA Variation Form or a Non Generic JSA IS required

Comments: _____

SUBCONTRACTOR/EMPLOYEE: _____ Signature: _____ Date: _____

BGC Manager: Action required – see below No Action required (Manager to sign off only)
 Action: _____

Builder Notified by: Letter FORWARDED TO (Full name):
 Email Mr _____
 Fax Ms _____
 Other

Manager: _____ Signature: _____ Date: _____

Additional report attached PTO: YES NO