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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **WHS FORM** | **WHS77** |
| **Contractor Site Observation Checklist**  **WHS Contractor Management**  **(For Use By Contact Supervisors)** | Page 1 of 2 |

**Note:** The Contractor Site Observation Checklist is designed to monitor contractor WHS conformance to good practices. It is not intended to be an extensive checklist and the Contract Supervisor should make relevant comments about Health & Safety matters not in this checklist. The frequency of site observations will depend on the nature, level of risk and duration of each contract. Contract Supervisors **are to** establish an observation schedule in consultation with the contractor and it is to be integrated with other site management functions. The checklist is to be completed in conjunction with the contractor.

1. **Contractor Details**

|  |  |  |
| --- | --- | --- |
| Company/Business Name: Enter name. | | |
| Contractor or Representative: Enter name. | | Date of audit: Enter a date. |
| Campus: Enter campus. | Building: Enter Building. | Area/Room: Enter specific location. |

1. **Criteria**

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence of Induction** | | | |
| Has the contractor been through the online and onsite UniSA induction process? | Yes | No |  |
| Is the contractor wearing a Contractors badge obtained from FM Assist? | Yes | No |  |
| **Organisation of the site** | | | |
| Observations indicate that: | | | |
| * work areas are barricaded to prevent non-authorised access? | Yes | No | N/A |
| * clear access/egress is available for UniSA staff/students around work area? | Yes | No | N/A |
| * site/work area is free from rubbish and obstructions? | Yes | No | N/A |
| * openings in floors, trenches etc are covered or barricaded? | Yes | No | N/A |
| **Electrical** | | | |
| Observations indicate that: | | | |
| * electrical equipment - power tools, leads etc are tested and tagged? | Yes | No | N/A |
| * portable RCD’s are used, where required? | Yes | No | N/A |
| * leads, plugs, sockets and switches appear to be in good condition (no exposed wires, no mechanical damage)? | Yes | No | N/A |
| * insulated ladders are used near live exposed electrical equipment? | Yes | No | N/A |
| **Prevention of falls from height** | | | |
| Observations indicate that: | | | |
| * elevated work platforms are used and have handrails & kickboards? | Yes | No | N/A |
| * harnesses with lanyards being used where required? | Yes | No | N/A |
| * no evidence of damage to ladders? | Yes | No | N/A |
| **Material storage** | | | |
| Observations indicate that:   * building or other materials are stored within the confines of work area? | Yes | No | N/A |
| **Personal Protective Equipment** | | | |
| Observations indicate that:   * relevant Personal Protective Equipment is being used? | Yes | No | N/A |
| **Licences** | | | |
| Observations indicate that:   * relevant personnel have current licences to carry out prescribed work? | Yes | No | N/A |

1. **Site Safety Management Plan (For construction projects)**

Are there site specific items in the contractor’s site safety plan that are not listed in the above criteria?

If YES list them;

|  |
| --- |
| Click here to enter text. |

Is the contractor working in conformance to their safety plan?  Yes  No N/A

**Comments:**

|  |
| --- |
| Click here to enter text. |

1. **Other Observations**

Other observations made that are not listed in the criteria?

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| --- |
| Click here to enter text. |

1. **Evaluation**

In your observations, is the contractor meeting their obligations as assessed in these criteria? Yes No

Have identified non-conformance(s) observations been discussed with the contractor? Yes No N/A

Has the contractor agreed to observations and corrective actions: Yes No

Has non-conformance(s) been rectified? Yes No N/A

**Other Comments:**

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Observation completed by: Click here to enter name and position. | Signed: Click here to add signature. |
| Contractor or Representative: Click here to enter name. | Signed: Click here to add signature. |

1. **Non-Conformance Identified**

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| --- |
| **When non-conformance is identified the following items must be checked off:** |
| **Documentation confirming rectification (e.g. email; follow-up site observation) has been   viewed.** |
| **Date rectification completed:** Enter a date. |
| **Confirmation documentation attached.** |
| **Date of Sign Off by Observer:** Enter a date. |