

SAFETY, HEALTH & WELFARE INSPECTION SUMMARY

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COMPANY			
ADDRESS			
REPORT NO.		DATE OF INSPECTION	SHEET NO.
REF			
WELFARE		STORAGE AREAS	CONSTRUCTION SITE
1. Canteens <input type="checkbox"/>		19. Tidiness <input type="checkbox"/>	28. Scaffolding <input type="checkbox"/>
2. Changing Rooms <input type="checkbox"/>		20. Flammable <input type="checkbox"/>	29. Ladders, Trestles <input type="checkbox"/>
3. First Aid Training <input type="checkbox"/>		21. Gases <input type="checkbox"/>	30. Working Platforms <input type="checkbox"/>
4. Washing <input type="checkbox"/>		22. Fuels, Lubricants <input type="checkbox"/>	31. Access/Egress <input type="checkbox"/>
5. Sanitation <input type="checkbox"/>		23. Fire Precautions <input type="checkbox"/>	32. Signs and Notices <input type="checkbox"/>
6. Protective Clothing <input type="checkbox"/>		24. Tools & Equipment <input type="checkbox"/>	33. Services <input type="checkbox"/>
7. Protective Equipment <input type="checkbox"/>		25. Access & Equipment <input type="checkbox"/>	34. Security <input type="checkbox"/>
8. Fire Precautions <input type="checkbox"/>		26. Dangerous Materials <input type="checkbox"/>	35. Fire Precautions <input type="checkbox"/>
9. Environmental Factors <input type="checkbox"/>		/Substances <input type="checkbox"/>	36. Electrics <input type="checkbox"/>
		27. Racking <input type="checkbox"/>	37. Hoists <input type="checkbox"/>
OFFICES		OTHER ITEMS	38. Tower/Mobile Cranes <input type="checkbox"/>
10. General Cleanliness <input type="checkbox"/>		_____ <input type="checkbox"/>	39. Lifting Gear <input type="checkbox"/>
11. Fire Precautions <input type="checkbox"/>		_____ <input type="checkbox"/>	40. Excavations <input type="checkbox"/>
12. Access/Egress <input type="checkbox"/>		_____ <input type="checkbox"/>	41. Other Plant <input type="checkbox"/>
13. Alarms, Notices <input type="checkbox"/>		_____ <input type="checkbox"/>	42. Machinery <input type="checkbox"/>
		_____ <input type="checkbox"/>	43. Power Tools <input type="checkbox"/>
CDM DOCUMENTATION		_____ <input type="checkbox"/>	44. Hand Tools/Equipment <input type="checkbox"/>
14. Accident Records <input type="checkbox"/>		_____ <input type="checkbox"/>	45. Tidiness <input type="checkbox"/>
15. Statutory Forms, F10 <input type="checkbox"/>		_____ <input type="checkbox"/>	46. Noise Levels <input type="checkbox"/>
16. Assessments <input type="checkbox"/>		_____ <input type="checkbox"/>	47. Waste <input type="checkbox"/>
17. Method Statement <input type="checkbox"/>		_____ <input type="checkbox"/>	48. Layouts/Roads <input type="checkbox"/>
18. Construction Phase Plan <input type="checkbox"/>		_____ <input type="checkbox"/>	49. Training <input type="checkbox"/>
PLEASE REFER TO FULL WRITTEN REPORT FOR ACTION REQUIRED.			
✓ – acceptable		X – comment required	
INNOV8 Advisor	SIGNATURE:	Company Representative	SIGNATURE:
NAME:		NAME:	