



Health and Safety Site Inspection Form

To be completed weekly

Area: _____

Inspection Date: ____/____/____

Inspector: _____

Supervisor: _____

Welfare Facilities: <i>(Washing, sanitary, first-aid, fire procedure)</i>	Documentation: <i>(Safety File, Risk Assessments, CoSHH Assessments)</i>
Use of PPE: <i>(eye protection, mask, gloves hearing protection, etc)</i>	Machinery: <i>(Condition, use, operator training, etc.)</i>
Portable Tools: <i>(Condition, use, training, etc.)</i>	Electricity: <i>(Test Certificate, cables)</i>
Machine Guarding: <i>(Operation, condition, etc.)</i>	Hazardous Substances: <i>(warning labels, identification, etc.)</i>
Fire Exits/Hazards: <i>(Access, waste materials)</i>	Flammable Substances: <i>(Storage, use, handling)</i>
Lifting appliances: <i>(SWL, test certificates)</i>	Housekeeping:
Behaviour:	Other Observations: <i>(Noise, dust, lighting, warning notices)</i>

Signature of inspector: _____

Date: ____/____/____

Time: ____:____
