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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A Management Safety Inspection is a ‘walk around the working area’ by Management to:** | | | | | | | | | | | |
| * To engage with Contractors, Operatives, Management & Record any Health & Safety Concerns raised. * Share the findings with the Project Management & Health & Safety Business Partner * Demonstrate a commitment to safety by providing a visible presence in the workplace in the interest of safety | | | | | | | | | | |  |
| **Details** | | | | | | | | | | | |
| **Principal Contractors Name:** | |  | | **Project Manager:** | | |  | | | |  |
| **Principal Designer: (s)** | |  | | | | | | | | |  |
| **UOL Staff Name / Project Manager:** | |  | | | | | | | | |  |
| **Location of Project / Work:** | |  | | | | | | | | |  |
| **Description of work being carried out** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Observations** | | | | Yes | No | N/A | Comments | | | | |
| Does the Contractor or UOL staff have the correct paperwork?  Job Sheets, Relevant Risk Assessments, Method Statements, Relevant Site Surveys, CPP | | | |  |  |  |  | | |  | |
| Are the Risk Assessments / Method Statements Suitable for the task? | | | |  |  |  |  | | | |  |
| Are the control measures identified in place? | | | |  |  |  |  | | |  | |
| Does the Contractor or UOL staff have the relevant training for the job?  PASMA (Towers), IPAF (MEWP), Asbestos Awareness, Toolbox Talks, etc., | | | |  |  |  |  | | |  | |
| Access & Egress – Are all areas free from hazards?  Trip/slip hazards, trailing cables, ladders tied, etc. | | | |  |  |  |  | | |  | |
| Open Edges – Are all open edges protected?  Edge protection present such as guardrails, barriers, etc. | | | |  |  |  |  | | |  | |
| Lighting – Is the lighting sufficient for the job?  Is additional lighting required? | | | |  |  |  |  | | |  | |
| Electricity – Is there any risk?  Are tools PAT tested, systems isolated, is there a permit to work etc. | | | |  |  |  |  | | |  | |
| Chemical Hazards – Are all hazardous substances assessed and controls in place? (CoSHH Assessments). | | | |  |  |  |  | | |  | |
| Work Equipment – Is the correct work equipment used?  Access equipment correct, hand tools in good order | | | |  |  |  |  | | |  | |
| Personal Protective Equipment (PPE) – Are staffing using PPE?  As identified via risk assessment | | | |  |  |  |  | | |  | |
| Vehicles / Pedestrians (ALL) / Protection of Public – Is this risk fully controlled & suitable precautions in place?  Vehicle and pedestrian segregation correct, barriers, guarding, fall protection, etc.? | | | |  |  |  |  | | |  | |
| Noise / Vibration – Is the risk controlled?  Is hearing protection suitable? | | | |  |  |  |  | | |  | |
| First Aid – Are first aid precautions in place?  Does everyone on site know where to get help? | | | |  |  |  |  | | |  | |
| Fire Marshall – Are all precautions in place?  Is suitable fire-fighting equipment in place with any required protection suitable? | | | |  |  |  |  | | |  | |
| Emergency – Are staff aware of evacuation procedures?  Do staff know where fire assembly points are? | | | |  |  |  |  | | |  | |
| **Actions / Comments: (please ensure that the Safety Business Partner receives a copy)** | | | | | | | | | | | |
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|  | | | | | | | | | |  | |
| Manager Name: |  | | Signature: |  | | | | Date: |  | |  |