**CONTRACTOR OBSERVATION CHECKLIST – Major Project**

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| **Note:** This Contractor Observation Checklist is designed to provide an indication of contractor WHS compliance to defined requirements and assist in ensuring persons on site are not put at risk by the activities of a contractor. The checklist is designed to be used to evaluate impact to worksite requirements. It is not intended to be an exhaustive checklist and the responsible person should make relevant comments about WHS matters not in this checklist, where relevant. In line with Procedure (6) – Contractor Management, as a minimum the following frequency is to be undertaken:   * **Major Projects > $450,000 - monthly observations for the life of the project.**   Completion of this checklist is undertaken through observation only. Fenced off construction sites within the worksite are not to be accessed. It is advised that these types of sites be observed from looking through the perimeter fencing. Some observations may not be able to be completed, tick N/A if this is the case. | | | | | | | | | | | | | | |
| **Contractor Details** | | | | | | | | | | | | | | |
| Company / Business Name: | | |  | | | | | | | | | | | |
| Contractors Site Contact Person: | | |  | | | Date of Observation: | | |  | | | | | |
| Site Location: | | |  | | | | | | | | | | | |
| **General** | | | | | | | | | | | | | | |
| * worksite has a copy of the contractors Safety Management Plan (SMP)? | | | | | | | | Yes | | | No | | | N/A |
| * relevant insurances and licences etc. are available? | | | | | | | | Yes | | | No | | | N/A |
| * access doors, walkways etc. from the worksite to the building site have been secured? | | | | | | | | Yes | | | No | | | N/A |
| * workers and others are not at risk from contractor activity? | | | | | | | | Yes | | | No | | | N/A |
| **Organisation of the Contractor** | | | | | | | | | | | | | | |
| Observations indicate that: | | | | | | | |  | |  | | |  | |
| * building site is barricaded to prevent non-authorised access? | | | | | | | | Yes | | | No | | | N/A |
| * children are not able to access building site under or through perimeter fencing? | | | | | | | | Yes | | | No | | | N/A |
| * clear access/egress to the worksite is available for workers and others around the building site? | | | | | | | | Yes | | | No | | | N/A |
| * building site is free from rubbish and obstructions? | | | | | | | | Yes | | | No | | | N/A |
| * building materials are stored within the confines of the building site? | | | | | | | | Yes | | | No | | | N/A |
| * language used by contractor personnel is appropriate? | | | | | | | | Yes | | | No | | | N/A |
| * no obvious hazardous materials are stored? | | | | | | | | Yes | | | No | | | N/A |
| * noise is minimised? | | | | | | | | Yes | | | No | | | N/A |
| * dust is minimised? | | | | | | | | Yes | | | No | | | N/A |
| **Personal Protective Equipment (PPE)** | | | | | | | | | | | | | | |
| Observations indicate that: | | | | | | | | | | | | | | |
| * relevant PPE is being used? | | | | | | | | Yes | | | No | | | N/A |
| **Conformance** | | | | | | | | | | | | | | |
| * does it appear that the contractor is working in conformance with the Contractors Safety Management Plan | | | | | | | | Yes | | | No | | | N/A |
| **Notes / Comments:** | | | | | | | | | | | | | | |
| **Evaluation** | | | | | | | | | | | | | | |
| The contractor is meeting their obligations as assessed in the above criteria. (working in conformance with the CSMP) | | | | | | | | Yes | | | | No | | |
| Issues identified communicated to the site responsible person and these issues raised directly with the contractor? | | | | | | | | Yes | | | No | | | N/A |
| Has the contractor agreed to rectify issues raised? | | | | | | | | Yes | | | No | | | N/A |
| Identified issues raised been rectified? | | | | | | | | Yes | | | No | | | N/A |
| **Notes / Comments:** | | | | | | | | | | | | | | |
| Observations completed by: | |  | | | Signature: | | |  | | | | | | |
| Observations completed by: | |  | | | Signature: | | |  | | | | | | |
| **Office Use Only (Responsible Person to complete)** | | | | | | | | | | | | | | | |
| When issues are identified the following items must be checked off: | | | | | | | | | | | | | | | |
|  | Documentation confirming rectification (e.g. email; follow-up site observation; reports) | | | | | | | | | | | | | | |
|  | Date rectification completed | | | Date: | | |  | | | | | | | | |
|  | Confirmation documentation attached | | | | | | | | | | | | | | |
|  | Copy of completed observation checklist filed with contactor documentation | | | | | | | | | | | | | | |