

**Section
No.**

Topic

Contents

6

**Induction, Inspection Records,
Toolbox Talks meeting minutes**

This section contains site safety rules, records of site safety audits, safety inspections, consultation between the management and employees.

- Site Register
- Site Induction Register
- Safety Equipment Register
- Take Five(5) Checklist
- Weekly Site Safety Inspection
- Daily Site Safety Inspection
- Toolbox Meeting – Attendance Record

Site Register

Hunter Wharf Barge

Name	Visit Date	Arrival Time	Person Visiting	Purpose of visit	If working on site, Workcover Generic Construction Induction number	Departure TimeTime	Signature

SITE INDUCTION RECORD

(Site Formalisation)

Project Name: _____	Induction Date: _____
Contract Number: _____	_____
Project Address: _____	_____
Contact Name: _____	Mobile Phone: _____
Phone: _____	_____

<i>Details</i>	
First Aid Room & Kits	<input type="checkbox"/>
Lunch Rooms (if applicable)	<input type="checkbox"/>
Toilets / Washrooms	<input type="checkbox"/>
Emergency Exits	<input type="checkbox"/>
Emergency Muster Point (see site Sketch)	<input type="checkbox"/>
Fire Extinguishers and or Fire Hose Reels	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>
All Electrical Leads and Hand Tools Tested & Checked	<input type="checkbox"/>
Industry OH&S Induction Cards (Green Cards)	<input type="checkbox"/>
Any Special Site Conditions to be Aware Of (see comment section below)	<input type="checkbox"/>
	<input type="checkbox"/>

I have attended the site induction as requested and understand the work methods and safety actions that are required to be undertaken whilst carrying out this activity. Relevant safety gear has been provided by my employer for my use (Refer to Safety Equipment Register).

Date	Company Name	Employee's Name	Employee's signature	General Induction Number

Comments

SAFETY EQUIPMENT REGISTER

Project Name: _____
 Contract Number: _____ Employee Name: _____

I have attended the site induction as requested and understand the work methods and safety actions that are required to be undertaken whilst carrying out this activity. Relevant safety gear has been provided by my employer for my use (Refer to Safety Equipment Register).

Equipment Type	Date Issued	Signature	Date Returned	Signature	Equipment Condition <input type="checkbox"/> = not acceptable <input checked="" type="checkbox"/> = Acceptable
Hard Hat					<input type="checkbox"/>
Safety Footwear					<input type="checkbox"/>
Eye Protection					<input type="checkbox"/>
Safety Harness					<input type="checkbox"/>
Respiration Equipment					<input type="checkbox"/>
Hand Protection					<input type="checkbox"/>
Ear Protection					<input type="checkbox"/>
Overalls					<input type="checkbox"/>
High Visibility Safety Vest					<input type="checkbox"/>
Wet Weather Gear					<input type="checkbox"/>
Sun Glasses					<input type="checkbox"/>
Hat					<input type="checkbox"/>
Sun Screen					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

IMPORTANT NOTICE:
 Should any of your 'Personal Protective Equipment' be lost or damaged, you must report it immediately to your Supervisor

Comments

TAKE FIVE(5) CHECKLIST

Project Name: _____
 Project Address: _____
 Section: _____
 Conducted by: _____ Date: _____

Key:	<input type="checkbox"/>	Risk Assessment required or consult your Supervisor for instructions. Record this instruction below.
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Yes	No	Item	Comments
<input type="checkbox"/>	<input type="checkbox"/>	1. I am fit for this task?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Have I recently done this job or used this equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Could I fall from this height?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Could I slip or trip on anything?	
<input type="checkbox"/>	<input type="checkbox"/>	5. Could I strain or overexert myself?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Does the equipment need isolating?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Could I be caught in or between anything?	
<input type="checkbox"/>	<input type="checkbox"/>	8. Could I be burnt? (Water, oil, metal, other)	
<input type="checkbox"/>	<input type="checkbox"/>	9. Could pressure in this system hurt me or someone else?	
<input type="checkbox"/>	<input type="checkbox"/>	10. Could the machine or tool I am about to use, hurt me or someone else?	
<input type="checkbox"/>	<input type="checkbox"/>	11. Could something fall and strike me or someone else?	
<input type="checkbox"/>	<input type="checkbox"/>	12. Is the access or egress to the job a problem?	
<input type="checkbox"/>	<input type="checkbox"/>	13. Do I have the correct tools for the job?	
<input type="checkbox"/>	<input type="checkbox"/>	14. Does anyone else's safety depend on what I am doing?	
<input type="checkbox"/>	<input type="checkbox"/>	15. Are there hazardous chemicals used or produced?	
<input type="checkbox"/>	<input type="checkbox"/>	16. Could I be exposed to noise, vibration, thermal stress radiation?	
<input type="checkbox"/>	<input type="checkbox"/>	17. The air is OK to breathe where I will be working? (gas, fumes, dust)	

<i>Comments</i>

TAKE FIVE(5) CHECKLIST

Project Name: _____
 Project Address: _____
 Section: _____
 Conducted by: _____ Date: _____

Key:	<input type="checkbox"/>	Risk Assessment required or consult your Supervisor for instructions. Record this instruction below.
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Yes	No	Item	Comments
<input type="checkbox"/>	<input type="checkbox"/>	1. I am fit for this task?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Have I recently done this job or used this equipment?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Could I fall from this height?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Could I slip or trip on anything?	
<input type="checkbox"/>	<input type="checkbox"/>	5. Could I strain or overexert myself?	
<input type="checkbox"/>	<input type="checkbox"/>	6. Does the equipment need isolating?	
<input type="checkbox"/>	<input type="checkbox"/>	7. Could I be caught in or between anything?	
<input type="checkbox"/>	<input type="checkbox"/>	8. Could I be burnt? (Water, oil, metal, other)	
<input type="checkbox"/>	<input type="checkbox"/>	9. Could pressure in this system hurt me or someone else?	
<input type="checkbox"/>	<input type="checkbox"/>	10. Could the machine or tool I am about to use, hurt me or someone else?	
<input type="checkbox"/>	<input type="checkbox"/>	11. Could something fall and strike me or someone else?	
<input type="checkbox"/>	<input type="checkbox"/>	12. Is the access or egress to the job a problem?	
<input type="checkbox"/>	<input type="checkbox"/>	13. Do I have the correct tools for the job?	
<input type="checkbox"/>	<input type="checkbox"/>	14. Does anyone else's safety depend on what I am doing?	
<input type="checkbox"/>	<input type="checkbox"/>	15. Are there hazardous chemicals used or produced?	
<input type="checkbox"/>	<input type="checkbox"/>	16. Could I be exposed to noise, vibration, thermal stress radiation?	
<input type="checkbox"/>	<input type="checkbox"/>	17. The air is OK to breathe where I will be working? (gas, fumes, dust)	

Comments

WEEKLY SITE SAFETY INSPECTION

Project Name: _____
 Contract Number: _____
 Workplace Location: _____
 Conducted by: _____ Date: _____

Purpose:

This inspection to be conducted weekly normally Monday to verify the effectiveness of the Safety Management System's implementation

Key:	<input checked="" type="checkbox"/> = Acceptable	<input checked="" type="checkbox"/> = Not Acceptable	N/A = Not applicable
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Personal Safety	Comments
1. Use of hard hats <input type="checkbox"/>	
2. Use of foot protection <input type="checkbox"/>	
3. Use of protective clothing <input type="checkbox"/>	
4. Use of eye protection <input type="checkbox"/>	
5. Use of hearing protection <input type="checkbox"/>	
6. First Aid box <input type="checkbox"/>	

Hygiene	Comments
1. Toilets and Facilities Clean and Tidy <input type="checkbox"/>	
2. Lunch Room Clean <input type="checkbox"/>	
3. Rubbish Removed from Amenities <input type="checkbox"/>	
4. Rubbish Bin Provided <input type="checkbox"/>	

Work Areas	Comments
1. Clean and Tidy <input type="checkbox"/>	
2. Free from Obstructions <input type="checkbox"/>	
3. Adequate Waste Disposal <input type="checkbox"/>	
4. Appropriate Signs Displayed <input type="checkbox"/>	

Tools	Comments
1. Clean and in Good Condition <input type="checkbox"/>	
2. Correct Type for Work Being Performed <input type="checkbox"/>	
3. Machinery Guards Fitted <input type="checkbox"/>	
4. Electrical Tools Inspected <input type="checkbox"/>	
5. Explosive Power Tools Warning Signs <input type="checkbox"/>	
6. Operators Licensed for Equipment <input type="checkbox"/>	

Materials	Comments
1. Neatly and Correctly Stacked <input type="checkbox"/>	
2. Access Maintained <input type="checkbox"/>	
3. Close to Area of Usage <input type="checkbox"/>	
4. Stored Safely <input type="checkbox"/>	

Walkways, Stairs, Platforms etc.	Comments
1. Clean and Free from Obstruction <input type="checkbox"/>	
2. Free from Spillage <input type="checkbox"/>	
3. Handrails <input type="checkbox"/>	
4. Planks Secure and in Good Repair <input type="checkbox"/>	
5. Safety barriers, handrails, etc <input type="checkbox"/>	
6. Ladders in Good Repair <input type="checkbox"/>	

Flammable Goods	Comments
1. Stored in a suitable location and secure <input type="checkbox"/>	

Comments

DAILY SITE SAFETY INSPECTION

Project Name: _____
 Conducted by: _____ Week ending: _____
 Area: _____

Purpose:

This inspection verifies the safety controls methods are effectively maintained daily prior to commencing the activities.

*Normally Monday, use "Weekly Site Safety Inspection" in lieu of this inspection.

Key:	<input checked="" type="checkbox"/> = Acceptable			<input type="checkbox"/> = Not Acceptable			N/A = Not applicable	
Hazard	M*	T	W	T	F	S	S	Comments
Safety Inspection items								
Lead Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leads & Tools Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Earth Leakage Supplied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubbish Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barricades & Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSDS complied with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual Handling Tech.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation Procedures, Barricades, No Go Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Formwork/Falsework Engineering Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Penetrations Covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffold Complete, Ladder, Handrail, Kickboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoist installed and being operated by certificated person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Point Loading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Noise Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daily Check on Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trenches Over 1.5 Metres Shored Benched, Bunting, Handrail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Areas, Barricaded Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladder Secured, 1.4 Ratio, 1 metre past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMF works as Per Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Works Permit Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HUNTER WHARF & BARGE

Key:	<input checked="" type="checkbox"/> = Acceptable			<input type="checkbox"/> = Not Acceptable				N/A = Not applicable
Hazard	M	T	W	T	F	S	S	Comments
Environmental Inspection items								
Visually inspect silt fence for the following: <ul style="list-style-type: none"> Installation Structural damage Clogging Effectiveness 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visually inspect rehabilitated batters for: <ul style="list-style-type: none"> Scour Vegetative growth Foot and vehicle traffic 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visually inspect stockpiles for: <ul style="list-style-type: none"> Sediment control Vegetative growth Placement 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visually inspect sediment traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visually inspect sediment control around permanent drainage system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visually inspect the construction exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments

TOOLBOX MEETING

- Attendance Record

Project Name: _____

Date: _____

Presented by: _____

Times: _____

Subject: _____

Tool box talks provide the opportunity for supervisors to ensure safety awareness is maintained throughout the project. Specific safety issues can be addressed, accidents/near misses can be reviewed, Safe Work Method Statements can be presented or safety alerts discussed.

<i>Topics discussed and action's details</i>	<i>By who</i>	<i>By when</i>

Employee's Name	Employee's signature	Employee's Name	Employee's signature

Comments
