



# Health and Safety Site Inspection Form

Area: \_\_\_\_\_

Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspector: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Signature of inspector: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_:\_\_\_\_

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