

# Construction Subcontractor Safety Checklist

Safety &amp; Compliance

DATE ____/____/____	SUBCONTRACTOR COMPANY	TRADE / PACKAGE	SITE / PROJECT	REVIEWED BY
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## DOCUMENTATION

	RECEIVED	OUTSTANDING	
Risk assessment received and reviewed	<input type="radio"/>	<input type="radio"/>	
Method statement received and reviewed	<input type="radio"/>	<input type="radio"/>	
	VERIFIED	OUTSTANDING	
Public liability insurance current	<input type="radio"/>	<input type="radio"/>	
Employers' liability insurance current	<input type="radio"/>	<input type="radio"/>	
Worker competency cards verified <small>CSCS, CPCS, IPAF, PASMA or equivalent</small>	<input type="radio"/>	<input type="radio"/>	
	VERIFIED	OUTSTANDING	N/A
Plant operator licences verified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asbestos awareness training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at height training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SITE INDUCTION

	COMPLETE	OUTSTANDING		COMPLETE	OUTSTANDING
All workers completed site induction	<input type="radio"/>	<input type="radio"/>	Site-specific hazards briefed	<input type="radio"/>	<input type="radio"/>
Emergency procedures understood	<input type="radio"/>	<input type="radio"/>	Exclusion zones and permits understood	<input type="radio"/>	<input type="radio"/>
First aid and welfare facilities shown	<input type="radio"/>	<input type="radio"/>	Reporting procedures for near-misses	<input type="radio"/>	<input type="radio"/>

## PPE & EQUIPMENT

	OK	ISSUE		OK	ISSUE
Hard hats worn and in date	<input type="radio"/>	<input type="radio"/>	Hearing protection available	<input type="radio"/>	<input type="radio"/>
Hi-vis vests or jackets worn	<input type="radio"/>	<input type="radio"/>	Task-specific PPE identified in RAMS	<input type="radio"/>	<input type="radio"/>
Safety boots with toe protection	<input type="radio"/>	<input type="radio"/>	Tools and equipment in good condition	<input type="radio"/>	<input type="radio"/>
Eye protection available	<input type="radio"/>	<input type="radio"/>			
Electrical equipment PAT tested	<input type="checkbox"/>	<input type="checkbox"/>	OK	<input type="checkbox"/>	<input type="checkbox"/>
			Issue		
			N/A		

## WORK AREA SETUP

Work area demarcated and signed	<input type="checkbox"/>	OK	<input type="checkbox"/>	Issue	
	OK	ISSUE	N/A		
Scaffold erected and tagged green	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Edge protection in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Services located and marked <small>Underground cables, gas, water</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

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	OK	ISSUE
Housekeeping and waste management plan	<input type="radio"/>	<input type="radio"/>
Coordination with other trades confirmed	<input type="radio"/>	<input type="radio"/>

**AUTHORISATION**

All requirements met — work authorised  Yes  No — items outstanding

Outstanding items and deadline

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Subcontractor supervisor signature

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Principal contractor signature

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**Notes**

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