



Digi Clip | mobile forms

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DAILY SITE HAZARD CHECKLIST

Answer 'Yes', 'No', 'N/A' or as required for listed items.

If 'no' is answered for a listed item add a description of the issue and if required add a photo.

To complete the checklist add your signature and submit the checklist.

Site Details

Name of the person completing the checklist: **Michael Harvey**

Date: **21/12/2018**

Time: **08:52 AM**

Address: **1 East Avenue, Pooracka SA**

Site Name: **Pooracka Depot**

Main Work Activity: **Logistics Depot**

Emergency Response

Emergency Response Plan displayed: **Yes**

Emergency Assembly Point clearly displayed: **Yes**

First Aid Kit signage clearly displayed: **Yes**

Name of nominated First Aider(s) displayed: **Yes**

Name of closest Hospital displayed: **Yes**

Emergency phone numbers displayed: **Yes**

Spill Kit/Rescue Equipment signage adequately displayed: **Yes**

Adequate fire fighting equipment available and serviceable: **Yes**

Portable Fire Fighting equipment signage displayed: **Yes**

MSDS on site & accessible: **Yes**

Inspection Checklist

Access clear, paths are free from trip hazards: **Yes**

Adequate access lighting in confined spaces: **Yes**

Barricades and Signs as required: **Yes**

Dust Controls: **Yes**

RCD's used through out: **Yes**

Fire Extinguishers accessible: **Yes**

First Aid Kit(s) Accessible: **Yes**

MSDS for all chemicals on site: **Yes**

Chemicals safety stored: **Yes**

Environmental controls in place: **Yes**

Access control: **Yes**

Manual Handling controls & techniques used: **Yes**

Noise controls: **Yes**

Housekeeping plan & bins/skips available: **Yes**

Waste removed: **Yes**

Correct tools and machinery used for tasks: **Yes**

PPE supplied, worn & serviceable: **Yes**

Permit system used on site: **Yes**

'Test & Tag' of portable electrical equipment: **Yes**

Trenches secured: **Yes**

Are there any further comments, in relation to safety, for this site: **No**

Signature:

Name: **Michael Harvey**

Date: 1/3/18

Version: 1.1

Revised: