

Contractor/Port User Compliance Inspection

HPRM No : D17/15429
 Version: 2
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 Reference:

Contractor / Port User Company Name:				Date:			
Work Area/Job:				INX No:			
JOB START				EXCAVATIONS / PENETRATION			
	Y	N	NA		Y	N	NA
JHA / SWI completed, on the job, signed & in date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation benched / battered / shored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical risks & critical controls identified on JHA & in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricading & signage to standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take 5s on the job, in date & completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access / egress to standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permits to work appropriate & completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fibrous and contaminated material awareness understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work area demarcated & sign posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Digging methodology meets permit conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear access / egress to work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caps on star pickets & rebar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor-to-crew ratio suitable (Span of control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation /Penetration permit in place & followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEKEEPING				OCCUPATIONAL HEALTH			
Materials neatly stacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to noise controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work areas unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fibrous material controls meets standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hose management (off ground, no trip hazard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration controls in place for task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct signage in place & legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VEHICLES & MOBILE EQUIP			
Access ways throughout work area are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles reverse parked or drive through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAFFIC MANAGEMENT				SCAFFOLDING			
Segregation of vehicles and personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Erected by competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defined park up areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scafftag fitted & current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed limits posted correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access ways clear with self-closing gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic control plans in place, publicised & followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Platforms not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles parked safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HOT WORK			
Correct signage in place & legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Work permit in place & followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFTING				LOADING & UNLOADING			
Ground conditions assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loading / Unloading assessment checklist used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranes set up correctly & suitable for task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No over centre binders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barricading in place for lift & slew zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delivery driver inducted to site or escorted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loads tied off & / or secure / Tag lines used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRAINING & COMPETENCY			
Crane operator assessed as competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel inducted to site (including visitors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogman / rigger following procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel are trained & VOC for task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting gear inspected, tagged & certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisors are appointed & have completed Supervisors training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-lift assessment / lift study / calculation sheet in place & followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NIGHT WORK			
Weather & ground conditions assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel trained in fatigue management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKING AT HEIGHTS				ELECTRICAL/ISOLATION			
Fall Injury Protections System (FIPS) Suitable mode applied to task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RCD used for portable tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIPS secure & used correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment (portable, welders, lighting plants, etc.) inspected & tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIPS inspected, tagged & certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leads & plugs in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EWP operations following procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suitable lead management (stands/hooks etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spotters trained & in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolations in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop zone barricading in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolation points labelled & lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dropped objects prevention in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolation Permit in place & followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at Height permit valid for task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is power being used efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground conditions assessed for EWP use (underground services, pit lids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MECHANICAL/GUARDING			
ELECTRICAL/ISOLATION				CRIB ROOM HEALTH AND SAFETY			
RCD used for portable tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk assessment posted in crib room & reflects current scope of works,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment (portable, welders, lighting plants, etc.) inspected & tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potable hot / cold water available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leads & plugs in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage of food hygienic with refrigeration & heating equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitable lead management (stands/hooks etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSE noticeboards erected & up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolations in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buildings are suitably rated & secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation points labelled & lockable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical appliances inspected & tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation Permit in place & followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONFINED SPACE			
Is power being used efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confined Space permit in place and followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL/GUARDING				PPE			
Guards fitted to machinery / tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sentry trained and in place at entry point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grinder(s) fit for purpose & used to standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue plan in place and suitable to task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct PPE being used i.e. high impact face shields, double eye protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE			
Discs used in grinders applicable to task & speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE available at the worksite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power tools condition to standard & fitted with 'Deadman' switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPE worn correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whip checks & hose couplings fitted on HP hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor/Port User Compliance Inspection

<i>EMERGENCY RESPONSE</i>	Y	N	N A	<i>OTHER</i>	Y	N	NA
Firefighting equipment in place & fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to firefighting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid facilities in place & fit for purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency assembly area(s) clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire breaks in place & adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 1 person in crew First Aid trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel know the Emergency Response procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMISSIONS MANAGEMENT				WATER MANAGEMENT			
Key emissions including dust, noise, odour, and stormwater have been identified along with their key controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water is being used efficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated water or rainwater is being used instead of scheme water for dust suppression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water holding facilities are constructed to design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsealed areas being wetted down according to weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WASTE MANAGEMENT			
All equipment complies with the Southern Ports noise policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management of solid and liquid wastes has been planned acceptably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise emissions are compliant with our approval criteria night or day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bins allowing waste separation and recycling are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The potential for chemical contaminants to enter stormwater has been identified and controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient bins present and clearly labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All stormwater drains in the catchment have been identified and where required, blocked in the event of spillage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate storage facilities present for holding liquid waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL MANAGEMENT / EMERGENCY RESPONSE				Contractor is compliant to state waste legislation including classification and controlled waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The management of chemical handling and emergency response is acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General housekeeping adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel are aware of key spill response actions and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recycling is occurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel are aware of PPE requirements of chemicals being handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER			
Drip trays are used for equipment with <10 litres of hydrocarbon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractor staff are compliant to site rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill response equipment is available and to standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bunds 110% capacity of the largest vessel / container being stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fire extinguishers and spill kits available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hazardous Sub's labelling / storage to standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Contaminated material segregated to standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
SDS available for chemicals in workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
SDS folder has index & is up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
People suitably trained in spill response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bunds free of equipment / rubbish / water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Chemicals / hydrocarbon inside bunds / cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
SEWAGE MANAGEMENT							
Plant management plan / manual available & safe system of work demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alarms / warning devices in working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Maintenance – appropriate controls in place to manage risk exposures – chemical / biological hazards etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Daily inspection displayed & up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Facility fit for purpose & containment controls appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
WILDLIFE AND PLANTS							
Interactions with wildlife and plants are acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
VEHICLES & MOBILE EQUIP							
Approved areas for wash down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Refuelling personnel spill trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Drip trays being used when refuelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
No evidence of excessive stains / spillage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Contractor/Port User Compliance Inspection

#	Non Compliance & Action Item:	Responsible Person	Due
Non Compliances to be detailed below and corrective actions assigned			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Inspected By:

Name:	Signature:	Company:
Name:	Signature:	Company:
Name:	Signature:	Company:

Health & Safety Score	Total Yes / Total Answered	Environmental Score	Total Yes / Total Answered	Total Score	Total Yes / Total Answered	Percentage Compliant	
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Acknowledged/Received By Contractor/Port User:

Name:	Signature:	Date:
Company:	Position	