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| **Site / Client Name** |  | **Date** |  |
| **Site / Client Address** |  | | |

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| **Item** | | **Comments** |
| 1. Do vehicle/plant operators hold the appropriate current licence/s? | Yes  No  N/A |  |
| 1. Where mobile plant is being used, has a risk assessment been completed that considers overhead and underground hazards, traffic management, interaction with other workers, plant, structures and public? | Yes  No  N/A |  |
| 1. Has competency been validated for the specific item of plant? | Yes  No  N/A |  |
| 1. Are there clear operating instructions identifying critical safety features available with the plant for operators? | Yes  No  N/A |  |
| 1. Are there records verifying that work vehicles/plant are subject to a regular servicing/maintenance? | Yes  No  N/A |  |
| 1. Is there documented evidence verifying plant is inspected on a daily basis prior to use? | Yes  No  N/A |  |
| 1. Where applicable, does mobile plant involved with the works have a combination of operator protection devices to minimise the risk from overturning or falling objects? | Yes  No  N/A |  |
| 1. Is adequate pedestrian separation from mobile plant in place? | Yes  No  N/A |  |
| 1. Are workers aware of the process for reporting any faults or damage to vehicles/plant and removing from service as required? | Yes  No  N/A |  |
| 1. Is load restraint equipment (chains/straps/ropes etc.) in good working order and do workers have a good understanding of load restraint requirements? | Yes  No  N/A |  |

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| **Actions / Recommendations** | **ProSafe Reference Number** |
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| **SIGN OFF –** all required corrective / improvement actions have been responded to or entered into ProSafe for tracking until close out | | | |
| **Inspection Completed By** |  | **Signature** |  |
| **Client Contact** (if applicable) |  | **Signature** |  |

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| **Employees Consulted** | | | |
| **Name** | **Employee #** (if known) | **Signature** | **Date** |
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