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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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