

SAFE START CHECKLIST

1. KEY TASK INFORMATION

SITE		DATE	
LOCATION			
RA No.		MS No.	

2. WORK TO BE UNDERTAKEN, SAFETY CONSIDERATIONS AND THE SPECIFIC ACTIVITIES:

3. IDENTIFY DOCUMENTS REQUIRED FOR SAFE TASK COMPLETION:

<input type="checkbox"/> Permit	<input type="checkbox"/> COSHH Assessment
<input type="checkbox"/> Rescue Plan	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Scaffold Design	
<input type="checkbox"/> Pre-use check (plant & equipment)	

4. LIFE SAVING RULE CHECK (TICK ALL THAT APPLY AND ARE COMPLIANT)

 CONFINED SPACE <input type="checkbox"/>	 ENERGY ISLOATION <input type="checkbox"/>	 FIT FOR DUTY <input type="checkbox"/>	 HOT WORK <input type="checkbox"/>	 LINE OF FIRE <input type="checkbox"/>	 MECHANICAL LIFTING <input type="checkbox"/>	 SAFE DRIVING <input type="checkbox"/>	 WORK AUTHORISATION <input type="checkbox"/>	 WORKING AT HEIGHT <input type="checkbox"/>
--	--	--	--	--	--	--	--	---

5. OTHER CONSIDERATIONS

	YES	NO	N/A	DETAILS	SAFE TO PROCEED?
Has a walk through of the area been undertaken prior to commencing work?					<input type="checkbox"/>
Are spill kits available?					<input type="checkbox"/>
Exclusion Zone – have suitable exclusion zones been discussed and set up including warning signs?					<input type="checkbox"/>
Do you have the correct PPE for the task?					<input type="checkbox"/>
Is access and egress safe and where applicable scaffold tag checked and in date?					<input type="checkbox"/>
Are emergency arrangements in place?					<input type="checkbox"/>
Are all tools and equipment in good working order and pre-use inspections carried out?					<input type="checkbox"/>
Are there other work parties in the area?					<input type="checkbox"/>

6. SPECIFIC HAZARDS TO THE WORK AREA

Carry out a walk of the work area and identify any additional hazards and controls which are not addressed in the job risk assessment. It is mandatory that if any hazard is identified, additional controls must be documented below and then implemented.

If the control measures below do not suitably mitigate the hazard/risk then stop the job and inform the supervisor.

Above
Below
Beyond
Around

SOR



HAZARD/RISK	CONTROL MEASURE	SAFE TO PROCEED?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

SIGN BELOW TO ACKNOWLEDGE THAT IT IS SAFE TO START WORK AND THAT YOU UNDERSTAND THE RISK AND CONTROL MEASURES PUT IN PLACE

NAME (PRINT)	SIGNATURE	TIME	NAME (PRINT)	SIGNATURE	TIME
1			6		
2			7		
3			8		
4			9		
5			10		

SUPERVISORY SIGN OFF - I CONFIRM THAT I HAVE REVIEWED THIS SAFE START.

NAME	SIGNATURE	DATE/TIME

**ANYONE FOUND TO BE FALSIFYING NAMES, SIGNATURES AND/OR ANY PART OF THE FORM
MAY BE SUBJECT TO JUST AND FAIR CULTURE**

Printed copies are not controlled unless verified against the electronic original on the KAEFER SharePoint.