

## TLG EHS AUDIT FORM – ON SITE Q3

**AUDITOR:**

**DATE:**

**TIME:**

**ADDRESS:**

**JOB DESCRIPTION:**

**FITTERS PRESENT:**

### **ON SITE RISK MANAGEMENT CHECK**

<b>CHECK</b>	<b>OBSERVATIONS &amp; COMMENTS</b>	<b>WHO</b>
PPE		
SCAFFOLDING, CHUTES & LADDERS		
WORKING AREA		
MANUAL HANDLING		
ASBESTOS DOWNPIPES		
ELECTRICITY / ELECTRICAL WIRES		
WELFARE & FIRST AID FACILITIES		
TOOLS IN USE SAMPLE CHECK		

WASTE DISPOSAL		
ON SITE QUALITY		
ON SITE CUSTOMER SERVICE		
ON SITE SERVICE CALL / COMPLAINTS (CUSTOMER OR NEIGHBOURS)		

**SUPPORTING DOCUMENTS CHECKED** (ATTACH IF APPROPRIATE)

--

**SUMMARY OF ACTION REQUIRED**

ACTION	WHO	WHEN

	NAME	SIGNATURE	POSITION	DATE
Completed By				
Checked By				