




The client's checklist for the contractors' self-monitoring for occupational safety and health

The contractors perform self-monitoring min. once a week. Afterwards the completed schema is delivered to the Coordinator e.g. before the safety meeting

No.	Observation	OK/Describe problem, solution/not relevant (IR)			
The design /interior of the building site					
1	Welfare measures, number, etc.				
2	Access roads separated driving/ pedestrian				
3	Access roads, tidy, stable, dry?				
4	Transport Horizontal/Vertical – possible?				
5	Tidying up and cleaning				
6	Lighting				
7	Electricity				
8	Storage for building materials, technical aids, waste and unloading options				
9	Other issues				
Personal Protective Equipment					
10	Helmet				
11	Footwear				
12	Respirators				
13	Safety Glasses/Screen				
14	Hearing protection				
15	Gloves				
16	Inspection of protective equipment, cleanliness				
17	Other protective equipment and first aid equipment				
Technical aids					
18	Ladders				
19	Scaffolding, building up and railings				
20	Lifting gear – heavy lifting				
21	Technical aids for transporting				
22	Lifts, setting up, shut off / shielding				
23	Storage				
24	Overhaul - Inspection of technical aids				

25	Other issues	
	Hand Tools and Machines	
26	Cutting machines	
27	Drilling machines	
28	Nailer	
29	Angle grinder	
30	Screwing machines	
31	Overhaul / Inspection of hand tools and machinery	
32	Other issues	
	Planning	
33	Is it clear what, when and how to perform the tasks?	
34	Are there enough time and people to do the task?	
35	Sufficient Instruction/control/supervision?	
	Risk Assessments/APV	
36	Is particularly dangerous work identified? (Crashing, burial, asbestos, PCB, lead, etc.)	
37	Has the employer made a risk assessment of the particularly dangerous work?	
38	Is this risk assessment coordinated with the site coordinator, etc.?	
39	Other risks (e.g. dust, noise, heavy lifting, etc.)	
40	Are other risks prevented and included in the APV?	
41	Other issues	
	Other issues	
42	Plan for safety and health (PSS), agreements, participation in start-up and security meetings, inspections, RUT notification, mandatory educations, etc.	

Construction site name and address: _____ Date Self-Checks: _____

Participants (company name and person name and function): _____

Signature: _____