SITE ESTABLISHMENT RECORD

|  |  |
| --- | --- |
| **Project Title/ Work Title** | Please write here |
| **Contract No.** | Please write here |
| **Employer** | Please write here |
| **Contractor** | Please write here |
| **Work Site Assessed** |  |

#### Site Establishment Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site Establishment Requirements | Required?  (Y, N, N/A) | | Required by date | Completion date |
| 1. Site Layout | | | | |
| Site boundaries physically defined | |  |  |  |
| Fencing – if required | |  |  |  |
| Site office and accommodation | |  |  |  |
| Welfare facility (wash/toilet facilities, canteen) | |  |  |  |
| Fresh water / Drinking facilities | |  |  |  |
| Main site vehicle access and walkways | |  |  |  |
| Material access and loading areas | |  |  |  |
| Material storage (and hazard materials) | |  |  |  |
| Plant storage locations | |  |  |  |
| Vehicle wash down areas | |  |  |  |
| Traffic management | |  |  |  |
| Site Signage locations/requirements | |  |  |  |
| Waste bin locations | |  |  |  |
| Any major temporary works requiring design certification and review | |  |  |  |
| 2. Temporary Services | | | | |
| Identify temp services required for site operation. |  | |  |  |
| Existing site services location plan: (water, gas, power, telephone, data, sewerage, storm water, traffic, overhead services) |  | |  |  |
| Plan routes/locations for temp site supply. |  | |  |  |
| 3. Protection and Site Security/Safety | | | | |
| Adjacent buildings and property requiring protection |  | |  |  |
| Surrounding roads and footpaths require protection, existing condition recorded |  | |  |  |
| Security system for site considered. Patrols, guards, etc |  | |  |  |
| Security and site lighting |  | |  |  |
| Coordinate with H&S requirements for evacuation/emergency plan and muster points |  | |  |  |
| Confirm first aid kit locations |  | |  |  |
| 5. Other Issues | | | | |
|  |  | |  |  |

#### The site establishment requirements are:

|  |  |
| --- | --- |
|  | Satisfactory met |
|  | Not satisfactory met |

When the inspection and testing conducted indicates satisfactory result:

#### Employer’s Representative (or authorized Employer’s Representative’s Assistant) comments:

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

#### The contractor’s representative

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |