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** |  |