

# Take 5 Pre-Start Safety Checklist

THIS CHECKLIST IS TO BE COMPLETED BY ALL WORKERS/  
CONTRACTORS PRIOR TO WORKING  
ON SITE. BY TAKING 5 MINUTES TO COMPLETE  
THIS CHECKLIST YOU WILL HELP TO REDUCE  
YOUR EXPOSURE TO HEALTH AND SAFETY  
RISKS AND HAZARDS ON SITE.  
IT SHOULD TAKE 5 MINUTES  
TO COMPLETE.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Task: \_\_\_\_\_

Time: \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_ Attendees: \_\_\_\_\_

## Before starting work:

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Do you have to do an induction?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 2. Do you need to be accompanied while on site?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 3. Do you know the sites health and safety rules?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 4. Are you familiar with security arrangements and the system for reporting incidents/near misses and hazards?                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 5. Are there emergency facilities and an evacuation procedure/route for the site?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 6. Do you have access to appropriate emergency and first aid equipment?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7. Have you asked the person in charge about all relevant hazards?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 8. If the work involves a high risk task (such as work at heights, hot work, confined spaces), is a work permit/safe work method statement required? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7. Is there a requirement to lock/tag out equipment to do the work safely?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 6. Is all required electrical/mechanical equipment in safe condition?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 6. Have you consulted with workers about the task and the safe way to do it?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7. Do you have all necessary PPE?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 8. Have you got a safe way of getting in and out of your work area?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9. Have any manual handling risks been identified and assessed?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

If you answer "no" to any of those above, you may need to follow up with the person in charge before you start to help ensure your safety.

## At the end of work:

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Have you left the worksite in an appropriate condition free from hazards and risks (clean-up, tools put away, housekeeping)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| If required, have you signed out?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |