

## DAILY PRE START FORM

<b>Date</b>			<b>Site:</b>		
<b>Start Time:</b>			<b>Area of Works:</b>		
<b>Finish Time:</b>					
<b>Supervisor</b>				<b>Mobile No</b>	
<b>Facilitated By</b>				<b>Mobile No</b>	
<b>By signing this pre-start form, all staff confirm that they have had the opportunity to ask questions and provide feedback/concerns relating to the days works.</b>					
All staff have been inducted to the site and hold an Industry Induction Card	Yes <input type="checkbox"/>	No <input type="checkbox"/>	All staff have been briefed on emergency planning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All staff hold applicable and current certificates of competency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	All staff have been instructed on controls within this document and the SWMS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All staff are free of the effects of drugs, alcohol and fatigue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	All staff have been briefed on SDS's (if applicable)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
All staff have been issued and wearing appropriate PPE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	All staff have been briefed on work permits (if applicable)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>In addition to the review of the SWMS, the following pre-work discussion points may be relevant</b>					
Procedural Changes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Potential incidents/ injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Planning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Plant and Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PPE	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Daily Abseil PPE inspection recorded below	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>
Permits to work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Work area checked for hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Daily inspection on leads and tags carried out?</b>					
<b>Weather forecast, likely conditions and related hazards</b>					
<b>Activities for the day/Concerns from the previous day</b>					
<b>Comments/ Concerns/ Issues/ Feedback</b>					

