


PROJECT PLANNING CHECKLIST

Project Details			
Project Name:		Client:	
Project Location:		Contract No:	
Project Manager:		Phone:	
Project Supervisor:		Phone:	
Project Scope:			
Start Date:		Duration:	
Contractors Involved on This Project Include:			
Contractor Company Name	Phone	Site Work	



SAMPLE

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Responsible Checklist (i.e., activities to be completed)

Project Risk Assessment Completed

Other Important Information (i.e., activities to be completed and other management plan items)

Safe Work Method Statements Required (For high-risk work)	Yes	No
Involves a risk of a person falling more than 2 metres.	<input type="checkbox"/>	<input type="checkbox"/>
Is carried out on a telecommunication tower.	<input type="checkbox"/>	<input type="checkbox"/>
Involves the demolition of an element of a structure that is load-bearing or otherwise related to the physical integrity of the structure.	<input type="checkbox"/>	<input type="checkbox"/>
Involves, or is likely to involve, the disturbance of asbestos.	<input type="checkbox"/>	<input type="checkbox"/>
Involves structural alterations or repairs that require temporary support to prevent collapse.	<input type="checkbox"/>	<input type="checkbox"/>
Is carried out in or near a confined space.	<input type="checkbox"/>	<input type="checkbox"/>



SAMPLE

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Involves diving work.

Hazard Prompts							
Work Environment		Chemicals		Electricity		Work at Heights	
<input type="checkbox"/>	Access	<input type="checkbox"/>	Hazardous Chemicals	<input type="checkbox"/>	Live Work	<input type="checkbox"/>	Falling Objects
<input type="checkbox"/>	Visibility	<input type="checkbox"/>	Dangerous Goods	<input type="checkbox"/>	Electric Shock	<input type="checkbox"/>	Edge Protection
<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Gases	<input type="checkbox"/>	Power Lines Overhead	<input type="checkbox"/>	Scaffolding
<input type="checkbox"/>	Trip Hazards	<input type="checkbox"/>	Flammable Materials	<input type="checkbox"/>	Power Lines Underground	<input type="checkbox"/>	Elevating Work Platform
<input type="checkbox"/>	Slippery Surfaces	<input type="checkbox"/>	Corrosives	<input type="checkbox"/>	Other Services	<input type="checkbox"/>	Scissorlift

<input type="checkbox"/>	Cold	<input type="checkbox"/>	Fire / Explosion	<input type="checkbox"/>	Test and Tag	<input type="checkbox"/>	Ladders
<input type="checkbox"/>	Heat / Sunlight	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>	DBYD	<input type="checkbox"/>	Fall Arrest Systems
<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Spillage	<input type="checkbox"/>	Electrical Installations	<input type="checkbox"/>	Perimeter Screens/Mesh
<input type="checkbox"/>	Dust/Fumes	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>	Isolations	<input type="checkbox"/>	Work platforms
<input type="checkbox"/>	Water	<input type="checkbox"/>	Biological	<input type="checkbox"/>	Competencies	<input type="checkbox"/>	Competencies

Working at Depths

Vehicles, Equipment or Plant

Load Shifting



SAMPLE

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To Do List

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