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| --- | --- |
| **Project / Site (full name)** |  |
| **Description of Powerline Activities** (e.g. Bush clearing, foundations, assembly, erection, stringing & regulation, etc.) | **Description of Substation Activities** (e.g. Bush clearing, earhworks/civil works, electrical works, commisioning, etc.) |

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| **Administration & Controls:** | **Yes** | **No** | **Remarks** |
| Daily Activity Record (Reference No, Date, Signed) – Contractor Construction Manager |  |  |  |
| Daily Activity Record (Reference No, Date, Signed) – Client Site Manager |  |  |  |

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| **Pre-task Planning** | | | | | | | | | | | | | | | | |
| **Resources (Employees):** | | **Yes** | **No** | | **N/A** | | **Documentation:** | | | | | **Yes** | **No** | | **N/A** | |
| Correct no. of People Assigned for the Job | |  |  | |  | | Authorized Construction designs / drawings | | | | |  |  | |  | |
| Competence & Experience (certificates) | |  |  | |  | | Method Statement & Safe Work Procedure | | | | |  |  | |  | |
| Medical Certificate of Fitness | |  |  | |  | | Fall Protect Plan & Rescue plan | | | | |  |  | |  | |
| Valid Authorisations, Permits / Licences | |  |  | |  | | Risk Assessments & Daily Site Task Instructions (DSTI) | | | | |  |  | |  | |
| **Plant, Machinery & Equipment:** | |  |  | |  | | Planned Task Observations (PTO’s) | | | | |  |  | |  | |
| Construction Vehicles (licences) | |  |  | |  | | Environmental Authorisations | | | | |  |  | |  | |
| Machinery (test certificates) | |  |  | |  | | Environmental Management Plan (EMP) | | | | |  |  | |  | |
| Lifting Machine & Tackle (cranes, slings, etc.) | |  |  | |  | | Environmental Permits & Licences | | | | |  |  | |  | |
| Tools & Equipment | |  |  | |  | | Contract Quality Plan (QCP) | | | | |  |  | |  | |
| Personal Protective Equipment (PPE) | |  |  | |  | | Inspection & Test Plans (ITP’s) | | | | |  |  | |  | |
| Rescue Kit | |  |  | |  | | Security Management Plan | | | | |  |  | |  | |
| First Aid Equipment | |  |  | |  | | **Register:** | | | | |  |  | |  | |
| Fire Equipment | |  |  | |  | | Employees’ breathylizer results | | | | |  |  | |  | |
| Waste bins and Toilets | |  |  | |  | |  | | | | |  |  | |  | |
| Drip trays and Spill kit | |  |  | |  | |  | | | | |  |  | |  | |
| **Additional Comments** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Authorised by:**  **Contractor – Construction Manager or {Supervisor CR8(7)/CR8(8)}** | **Signature:** | | | | | | | **Acknowledged by:**  **Client Site Manager or {Client Site Representative}** | | | **Signature:** | | | | | |
| **Name:** | **Date:** | | | | | | | **Name:** | | | **Date:** | | | | | |
| **COVID-19 Compliance Check** | | | | | | | | | | | | | | | | |
|  | | | | **Yes** | | **No** |  | | | | | | | **Yes** | | **No** |
| **General** | | | | | | | | | | | | | | | | |
| Security personnel using a scanner at the gate (Thermal Scanner) | | | |  | |  | People wearing PPE (Security personnel, employees, visitors and suppliers) | | | | | | |  | |  |
| Social distancing applied at the gate and in the site camp? | | | |  | |  | Register of invidivual temperature for all people entering the gate available (completed by the security personnel) | | | | | | |  | |  |
| People adhering with Transporation rules? | | | |  | |  | Social distancing applied during the Toolbox Talk/Induction? | | | | | | |  | |  |
| Random sample, asking questions. Are people aware about daily self-assessment prior coming to work? Check the symptoms. | | | |  | |  | People aware about avoiding handshake and touching their face and as well as not sharing cigarettes? | | | | | | |  | |  |
| **Documentations** | | | | | | | | | | | | | | | | |
| COVID-19 Plan/Policy/Safe Work Procedure available and authorised? | | | |  | |  | People inducted on COVID-19? Record in place as proof | | | | | | |  | |  |
| Appointment of COVID-19 Compliance Officer available? | | | |  | |  | Appointment of COVID-19 Manager available? | | | | | | |  | |  |
| Emergency Preparedness and Response Plan available and authorised? | | | |  | |  | Risk Assessment covering COVID-19 (Baseline/Issue based) | | | | | | |  | |  |
| PPE issue matrix in place? | | | |  | |  |  | | | | | | |  | |  |
| **Facilities** | | | | | | | | | | | | | | | | |
| Toilets having all the necessary amnemities such as Water and Soap, Toilet Papers | | | |  | |  | Eating area, (social distancing applied and COVID-19 posters or awareness material posted) | | | | | | |  | |  |
| Sanitizing of the eating area and offices conducted more often? | | | |  | |  | People aware about washing their hands with soap more often and for 20seconds? | | | | | | |  | |  |
| People aware not to share utensils, (random sampling) | | | |  | |  | Are the Health Care Risk Waste Bins/Contaniners available? | | | | | | |  | |  |
| **Emergency Prepardness and Response** | | | | | | | | | | | | | | | | |
| Emergency numbers displayed in strategic areas? | | | |  | |  | Isolation room clearly marked and having appropriate COVID-19 PPE? | | | | | | |  | |  |
| Were people made aware about screening and testing of COVID-19? | | | |  | |  | People aware about the procedure to report any symptoms? | | | | | | |  | |  |
| **Comments** | | | | | | | | | | | | | | | | |
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| **Completed by:**  **Client Site Manager (Client Site Representative)** | **Signature** | | | | | | | | **Contact numbers** | **Date:** | | | | | | |
|  |  | | | | | | | |  |  | | | | | | |