

Safeworking Observations



Site Information			
Location:	Km from:	Km to:	Date:
Type of work:			Time:
Company:	Observation By:		
Site Supervisor:	R.I.W No:	Compliant <input type="checkbox"/>	
Protection Officer:	PO Level:	R.I.W No:	Compliant <input type="checkbox"/>

Protection Officer Worksite Protection Plan		
Has Work Site Protection Plan been completed correctly as per Worksite Protection Plan RLS-FM-006 Mandatory Safety Critical items needed:	Yes No	If No specify.
Reference to capital city in top left hand corner	<input type="checkbox"/> <input type="checkbox"/>	
An easily reached safe place	<input type="checkbox"/> <input type="checkbox"/>	
The identification name of the track / tracks	<input type="checkbox"/> <input type="checkbox"/>	
Worksite location defined whether or not in danger zone by km, Crossover Numbers, Points Number, or Signal Number	<input type="checkbox"/> <input type="checkbox"/>	
The name of locations or stations either side of the worksite.	<input type="checkbox"/> <input type="checkbox"/>	
All fields completed at top of worksite protection plan	<input type="checkbox"/> <input type="checkbox"/>	
Emergency assembly point	<input type="checkbox"/> <input type="checkbox"/>	
Does the PO have access to Network Rules and Procedures and Network Information Books (NIBs) ?	<input type="checkbox"/> <input type="checkbox"/>	
Where applicable, have additional Safety Critical Items been identified on the Worksite Protection Plan :	Yes No NA	
Locations of adjacent worksites	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Locations and identification of Handsignallers/Lookouts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Locations of worksite protection (e.g. flags, detonators, point clips, stop signs)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Identification and location of protecting signals	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Identification of affected signals	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Identification and location of trackside structures and equipment (e.g. active and passive level crossings, bridges, platforms, culverts, signal gantries)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Protection of adjacent line(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Any exclusion zones/demarcation fencing (e.g. around working plant, overhead power, etc)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Locations where there is no safe place	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Can workers demonstrate knowledge of the Worksite Protection Plan ? e.g. worksite protection limits, Network Control Emergency Phone Number, etc.	Yes No <input type="checkbox"/> <input type="checkbox"/>	Comments:

Pre Start / Pre Work Brief / PO Brief

Has Safety critical information been Communicated and Documented as per Pre work Brief RLS-FM-005?	Yes No (NA)	Comments:
Scope, date and location of works	<input type="checkbox"/> <input type="checkbox"/>	
Weather conditions	<input type="checkbox"/> <input type="checkbox"/>	
Name and signature of responsible person for conducting the briefing	<input type="checkbox"/> <input type="checkbox"/>	
Location and time of briefing	<input type="checkbox"/> <input type="checkbox"/>	
Whether the Qualified Safe Worker has provided a briefing or not	<input type="checkbox"/> <input type="checkbox"/>	
First aider's name and location of the First Aid kit	<input type="checkbox"/> <input type="checkbox"/>	
Emergency assembly point	<input type="checkbox"/> <input type="checkbox"/>	
What form the warning alarm will be	<input type="checkbox"/> <input type="checkbox"/>	
Network Controllers emergency contact number	<input type="checkbox"/> <input type="checkbox"/>	
Free from the effects of Drugs and Alcohol	<input type="checkbox"/> <input type="checkbox"/>	
Has the Pre Work Brief been Communicated clearly to the worksite and understood?	<input type="checkbox"/> <input type="checkbox"/>	Comments:
Has the PO Brief identified relevant Hazards and Controls?	<input type="checkbox"/> <input type="checkbox"/>	Comments:
Has the PO Diary been completed with safety critical information? (e.g. times, names, communications)	<input type="checkbox"/> <input type="checkbox"/>	Comments:
Type of Protection		
LPA <input type="checkbox"/> TWA <input type="checkbox"/> TOA <input type="checkbox"/> CSB <input type="checkbox"/> LOW <input type="checkbox"/> WIC <input type="checkbox"/>		
Is Protection deemed appropriate for task being performed?	<input type="checkbox"/> <input type="checkbox"/>	If 'No', Stop Work. Risk Assessment Required
Are Detonators stored correctly and in-date (5-years from manufacturers stamp)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Has the Detonator Register been filled out?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
If multiple work groups are present has Delineation been placed between Work Groups?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Have all relevant personnel signed the PO Brief?	<input type="checkbox"/> <input type="checkbox"/>	Number of Personnel:
Do the workers know who the First Aid Officer is?	<input type="checkbox"/> <input type="checkbox"/>	Comments:
Site Verification		
Undertake a visual inspection of the protection. Is it located in the correct place?	<input type="checkbox"/> <input type="checkbox"/>	
Is worksite protection set up correctly?	<input type="checkbox"/> <input type="checkbox"/>	
If worksite delineation is in place, is it in the correct place?	<input type="checkbox"/> <input type="checkbox"/>	
Has the worksite protection tag been fully completed? (name, location and phone number)	<input type="checkbox"/> <input type="checkbox"/>	