

## Take 5 Pre-Start Safety Checklist

This checklist will help workers and contractors who are working on new or external worksites reduce their exposure to health and safety risks and hazards. It should take 5 minutes to complete.

Date: .....14/04/2023..... Time: .....1:00pm.....

Location: .....Nova Vocational College..... Supervisor/manager: .....Vivek Beniwal.....

Task: .....Pre-start safety checklist..... Attendees: .....20.....

### Before starting work:

- |                                                                                                                                                      |                                         |                                        |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|------------------------------|
| 1. Do you have to do an induction?                                                                                                                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 2. Do you need to be accompanied while on site?                                                                                                      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 3. Do you know the site's health and safety rules?                                                                                                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 4. Are you familiar with security arrangements and the system for reporting incidents/near misses and hazards?                                       | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Are there emergency facilities and an evacuation procedure/route for the site?                                                                    | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 6. Do you have access to appropriate emergency and first aid equipment?                                                                              | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 7. Have you asked the person in charge about all relevant hazards?                                                                                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 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? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 9. Do you have the correct procedures and equipment to do the work safely?                                                                           | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. Is there a requirement to lock/tag-out equipment or isolate/contain energy before starting work?                                                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 11. Is there appropriate separation of vehicles and people during the proposed work?                                                                 | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 12. Is all required electrical/mechanical equipment in a safe condition?                                                                             | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 13. Are hazardous/dangerous substances used and stored according to their safety data sheets?                                                        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 14. Have you consulted with workers about the task and the safe way to do it?                                                                        | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 15. Do you have all necessary PPE?                                                                                                                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 16. Have you got a safe way of getting in and out of your work area?                                                                                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |
| 17. Have any manual handling risks been identified and accessed?                                                                                     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/> |

If you answer "no" to any of those above, you may need to follow up with the person in charge before you start work 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)? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| If required, have you signed out?                                                                                            | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

Return this checklist to your manager/supervisor after work is complete.

# Pre Start Safety Checklist For Cnc Machines

**EW Minium**



## **Pre Start Safety Checklist For Cnc Machines:**

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