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WORKPLACE HEALTH & SAFETY REVIEW FORM

THIS FORM IS TO BE COMPLETED BY NSR IN ORDER TO ASSESS ANY POTENTIAL WORKPLACE HEALTH AND SAFETY ISSUES AT THE SITE, AND TO ASSIST IN COMPILING A SAFE WORK METHOD STATEMENT / RISK ASSESSMENT OF THE SITE.

Site Name:

Site Address:

Type of service (please tick):
PATROLS, ALARM RESPONSES, STAFF ESCORTS, STATIC GUARDS, CASH TRANSFERS, OTHER (Please specify)

Mud map of site

ARE THERE ANY KNOWN HAZARDS OR DANGEROUS MATERIALS, AS ADVISED BY THE CLIENT? Yes / No (IF 'Y', PROVIDE DETAILS)

DOES THE CLIENT HAVE SPECIFIC WH&S POLICIES OR PROCEDURES FOR GUARDS TO FOLLOW? Yes / No (IF 'Y', PROVIDE DETAILS OR ATTACH COPY)

ARE ANY SPECIFIC P.P.E REQUIRED? Yes / No (IF 'Y', PROVIDE DETAILS)

WALKING THROUGH THE SITE, LIST ANY HAZARDS AND POSSIBLE WAYS TO CONTROL THOSE HAZARDS:

CLIENT NAME: CLIENT POSITION:

CLIENT SIGNATURE: DATE:

NSR REPRESENTATIVE NAME: Customer Signup Form Page 3 of 3 - WH&S Review Form