HEALTH & SAFETY DAILY ACTIVITY BRIEFING



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Project Name & No.:	ROTC STEW	Date:		20.05.21.	
Briefing by:	A. WEAUTIL -	Positio	00	SUPPLIUSOR.	
Translation Completed by: [where applicable]		Positio	n: [where applicable]		
Description of activities, opera	tions & works planned for comple	tion today	F		
	CS TO RU				
Deliveries, vehicle movements	, officading arrangements or unus	ual activit	lies scheduled:		
DALLUMEY OF COLLECTIONS Daily activity and site specific	EXCADATON' PHE WORK ARBA K BACKFILL WI OF PLANT HISE hazards, risks and the project WS 003 - WSC	A1th/(ON)	21/05/21.	S FRIOCING SESPLI AM 24/05	
Scope of Work		Instruct	ion & Documentation	4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
Scope of work understood?		1	MS, RA's & LP's communicated, applicable & work area / process changes reviewed?		
What are the limitations	s / boundaries? SITE	1	Are the applicable / task specific 'Penmits' completed for works due to commence?		
Site wide risks & new o		W		hold points communicated?	
Environmental condition required?	ns, plant & equipment as planned /	NA	Project Risk Log & Traffic Management Plan boards updated, current & reflective of operations?		
Roles & Responsibilities		Safety Considerations:			
Have all personnel rec	Have all personnel received site specific induction?		No. Changes to localised working environment identified?		
All workers appropriate	ly trained for the operations	10	Applicable hazards ident	ified?	
Does everyone unders	tand their role?	Va	Control measures in place as identified in MS & RA's?		
Any parallel activities or contractor overlaps?			HAV's & COSHH Data available & communicated?		
Are all personnel fit to carry out their allocated work activity?			Are work areas safe to enter, adequately protected & fit for purpose?		
Sufficient First Aid, Fire Marshall & Banksman available to control operations?			Are daily plant, access equipment & temporary work checks completed?		
Workforce Feedback & Comme	ents:				

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			SACREMENT	
Project Name & No.:	RUTC	STRW Date:	20	0.05.21.
I confirm that I have completed arrangements or unusual ad	I the daily briefing deta tivilies scheduled. I ha	illed above, covering the activ ave highlighted activity and si measures to the workforce	te specific HSE hazards, risks	le movements, offloading and the project control
Briefing Completed by:	Name A. Wal	Signed:	20	0.05.21.
Translation Completed by: [where applicable]	Name:	Signed:	Date:	
In signing this form, I confirm to officeding arrangements or unu	hat I have received the sual activities scheduk	e daily briefing above, covering all daily briefing above, covering an aware of the highlight project control measures;	g the activities planned, delive nted activity and site specific H	ries, wehicle movements, SE hazards, risks and the
Forename [Prenume]	Surname [Nume]	Occupation [Ocupatie]	Employer	Signature [Se/hnature]
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Forename [Prenume]	Surname "[Nume]	Occupation [Ocupatie]	Employer	Signature [Semature]
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