ROBERTSON'S REMEDIAL & PAINTING

Form 06.2 — Worker Safety Performance Review

Form ID	Owner	Evidence location	Complete when
06.2	Project Manager / Site Supervisor	Breadcrumb / HR file as required	Monthly or as performance requires
Use: Review worker safety performance, observations, training needs and agreed actions.			

Suggested completion frequency: at least once per year per worker.

Details	
Name of worker:	
Date:	
Company name:	
Site location:	
Task performed:	
Assessor name:	

Performance	Yes	No
Is the worker following the site safety rules?	☐	☐
Is the worker aware of emergency procedures?	☐	☐
Has the worker been inducted / completed appropriate training?	☐	☐
Is the worker qualified / competent to perform the work task?	☐	☐
Does the worker have their HRW licence or ticket with them?	☐	☐
Is the worker wearing the correct PPE?	☐	☐
Is the work area adequately isolated as necessary?	☐	☐
Are electrical devices tagged as necessary?	☐	☐
Is the worker aware of incident and hazard reporting procedures?	☐	☐
Does the worker have a copy of the SWMS/SWI, SDS required for the job?	☐	☐
Is the worker following procedures in the SWMS?	☐	☐
Is any further training required? (If yes, list below.)	☐	☐

Close-out	
Comments on safety standards:	
Corrective action required:	

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Close-out	
Assessor signature:	
Worker signature:	
Corrective action:	☐ Complete ☐ Incomplete
Date completed:	