

COVID 19 Site Specific Weekly Review

R No / Site Name		Manager /Supervisor Reporting		Formal Feedback provided to Principal Contractor (YES/NO)
Principal Contractor		LBS SOP Version	Version 1	From (Name)
Date (Week Ending)		Working Approved By RH/MF Only. Indicate by circling below.		To (Name/Info)
Works being undertaken for period:				Method
		STOP WORK	ACTION REQUIRED	APPROVED
				Response Received

Considerations	Yes	No	NA	Photo Provided*	Notes	Action Required & By	Closed Out Satisfactorily
Deliveries							
Material movement							
Manager/Supervisor duties been completed (TBT)							
RAMS Reviewed and communicated							
Daily briefings carried out and signed by all operatives*							
Plant access*							
Diesel Stores							
Access e.g. Scaffold							
Aluminium Towers							
PPE use							
Welfare facilities: Breaks*							
Welfare facilities: Toilets*							
Other trades on site							
2m social distancing abilities*							
Signing in and out facilities*							
Access*							
Waste							
Travel Arrangements							
Health Queries/Questionnaires							
Site Specific PC Measures Outlined*							

* Photos required for the review to be completed.

PRESENCE ON SITE TO BE RECONSIDERED	5 DAY ACTION REQUEST TO BE ISSUED TO PRINCIPAL CONTRACTOR (If not completed it will automatically move to red the following week)	WORKS ALLOWED TO CONTINUE
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