 Date:

PRESTART FORM

|  |  |
| --- | --- |
| Client Details | Scaffold Supplier / Erector Details |
| Client Name:  | Company Name:  |
| Site Name:  | Address:  |
| Site Address:  | Contact Name:  |
| Contact Name:  | Phone:  |
| Phone:  | Email:  |
| Email:  | Website:  |
| Safety Concerns or Issues |
| Changes in the work site or area? Weather issues? Exclusion zones? Permits? PPE? Hand tools? |
|  |
| High risk work for today |
|  |
| Significant hazards in work area & controls |
|  |
| SWMS in place for today’s tasks |
|  |
| Persons absent or late |
|  |
| Persons present |
| Name | Signature | Name | Signature |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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