

# 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

Blank area for SWMS in place for today's tasks.

Persons absent or late

Blank area for Persons absent or late.

Persons present

Name	Signature	Name	Signature