

SITE CONDITION RATING FORM (SHORT AUDIT)

Street name(s)		RCA permit reference		Attended / Unattended	
Number (from/to)		Principal			
Employer of site STMS		Audit commences	am / pm	Date	
Rating	A = Acceptable	NI = Needs improvement	D = Dangerous		
SUMMARY OF STANDARDS		A	NI	D	ACTION NEEDED
1. Responsible party	STMS / TC at attended site? Name: Registration number:				
2. TMP	On site? Appropriate to situation?				
3. High-visibility garments	Worn by all? Done up? Condition acceptable?				
4. Signs	All necessary signs present? Correct positions? Sand bagged for expected wind? Conflicting signs covered? Signs in good condition? Other:				
5. Delineation	Protects working space/other features? Taper lengths compliant? Correct spacing of cones? Sufficient positive traffic control? Other:				
6. Pedestrian needs	Footpath widths OK? Safe passage for pedestrians? Surfaces / ramps OK? Other:				
7. Cyclist needs	Cycle widths OK? Safe passage for cyclists? Surfaces OK? Other:				
8. Traffic needs	Lane widths OK? Speed limit appropriate? No significant delays? Surfaces OK? Other:				
9. Property access	Property access OK?				
10. Site scores	Number in each rating				
		A	NI	D	
Action agreed by STMS/TC					

Auditor STMS/TC

(Name) (Warrant Number) (Signature) (Signature)

CONTRACTOR COPY – Hand to contractor once audit has been completed

Audit finished

am / pm