	MEDUPI POWER STATION PROJECT	Template Identifier	348-9998439	Rev	3
		Document Identifier	xxxxx	Rev	xx
		Effective Date	December 2024		
		Review Date	December 2029		

TITLE: SITE START-UP CHECKLIST


Contractor Name:	
Package No. (if applicable):	
Scope of Work:	
Area of work/Inspection:	
Date:	

Start-up checklist	Yes	No	N/A
Induction for the new year (Client and Contractor) – Completed?			
Review medical records and ensure they are valid			
Pre-shift			
Toolbox talk on startup procedures and incident recall of previous year (Daily)			
Are there plans in place to review risk assessment and method statement for activity performed			
Toolbox talk conducted, any changes recorded and communicated			
Fences and notices from shutdown down (where applicable) to be removed			
Any information displayed from shut down period removed (where necessary)			
Adequate signage erected identifying hazards and giving instruction for planned activities			
Access and egress clear of any materials and equipment			
Waste containers made available			
All tools and equipment made available, inspected and tagged before use			
All materials made available and in good condition – stacked neatly			
Housekeeping standard communicated with all employees			
Storage of materials to be kept neat and tidy.			
Plant and Equipment to be checked for readiness to use and operator checks to be verified daily by supervisor			
All plant has valid load test certificates where required?			
Operator competencies validity to be confirmed prior use on site			
PPE issued, inspected and adequate – training done where necessary			
Incident recall on previous days flash reports to be done daily with teams			
Facilities in clean condition(Ablutions) readily available for use			
Drinking water available for employees			

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POST SHIFT			
Area tidied up and all tools, equipment and materials stored safely and securely			
Area checked and deemed safe and tidy for following shift			

	Inspected by Contractor Representative (Supervisor/Site Manager)	Confirmed by Team Medupi Representative (Supervisor)	Confirmed by Contractor SHE Manager or Officer	Confirmed by Team Medupi SHE Representative
Name & Surname:				
Signature:				
Date:				

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