

Date	
Description of the Demolition Work	
Demolition Location	
Completed by Name	
Completed by Position	
Branch	
Name of Contractor	

Have the following been obtained/checked?

Item No.	Description	Yes	No	N/A
Pre-Demolition				
1	Has a Critical Risk Assessment Workshop been completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is a Safety Management Plan required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Have all High-Risk Activities (HRA) been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Have all HRA Permits/Approvals been completed for the work? (Refer to HS-FRM-001 High Risk Activity Request Form.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Have all relevant Safe Work Method Statements (SWMS) been identified and reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Has a Demolition Plan been completed, and in place prior to commencing work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Notification to WorkSafe WA 5 days prior if the work involves: <ul style="list-style-type: none"> Demolition of a structure, or part of a structure that is load bearing or otherwise related to the physical integrity of the structure, that is at least 6 metres in height; Load shifting machinery or a suspended floor; or Explosives. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Demolition Licence – Class 1 or Class 2. (Refer to 5.1.3 of the Demolition procedure for exemption.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Asbestos register, if demolition is on: <ul style="list-style-type: none"> A building constructed before 31 December 1989. A structure, other than a building, or plant, constructed or installed before Dec 2003 if there are reasonable grounds to believe asbestos or *ACM is installed in the structure/plant. (Refer to the City Asbestos Register, HS-PLN-007 Asbestos Management Plan, and HS-PRO-009 Asbestos Management Procedure.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	All asbestos is removed by a licensed asbestos removalist, where required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Essential services (e.g., electricity, gas, water, sewerage, telecommunications) identified, shut off, capped or otherwise controlled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Demolition Safety				
Item No.	Description	Yes	No	N/A
12	Job specific *JHA developed and signed onto by all workers (if required).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Supervisor appointed and onsite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Site inspected for hazardous chemicals and materials, which shall be removed appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Plant operators hold a current licence (if required) and *VOC completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Plant to have daily checks completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	All electrical equipment in good condition and have a current test tag.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Confirm all essential services (e.g., electricity, gas, water, sewerage, telecommunications) identified, shut off, capped or otherwise controlled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Correct *PPE is being worn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Site properly enclosed and protective screens erected (refer to HS-FRM-094 Site Security Checklist).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	All access to the site by the public prevented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	All equipment, including ladders. In good order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Good housekeeping practices being maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Debris managed appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*ACM = Asbestos Containing Material *VOC = Verification of Competency
 *JHA = Job Hazard Analysis *PPE = Personal Protective Equipment

