Contractor Logo

Contractor Name

PROJECT NAME

Night Work Checklist

Location: Project Name - City Country

Date:		Time		am/pm
No	**Items to be checked**	**Yes**	**No**	**Remarks**
1	*Permit To Work submitted/ available*			
2	*Toolbox talks given to workers*			
3	*Risk Assessment for night work done*			
4	*Risk Assessment for activity*			
5	*Is the First aid kit available?*			
6	*Is the First aider available during night work?*			
7	*Does an Emergency plan exist?*			
8	*Does an Emergency vehicle exist?*			
9	*Does an Emergency contact list exist?*			
10	*Lighting/ILLUMINATION of emergency escape roads*			
11	*Isolation hazardous areas*			
12	*Traffic management at site*			
13	*Food support prior to work*			
14	*Is Drinking water available?*			
15	*Communication dayshift regarding equipment and workplace hazards (update if any changing is exist)*			
16	*Periodical breaks*			
17	*Proper reflective warning signs at site*			
18	*Is there any employee who has any health problem?*			
19	*PPE*			

Others	
Name	
Position:	
Signature:	

Note: This form will be submit on daily basis to HSEQ office in case of night work is needed. If any condition is unsafe, it will be notified immediately to the responsible party to take necessary action