[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Landscaper safety checklist

Trade-specific safety checks for landscapers - run through before work starts, every time.

Site address: _____

Date: _____

Checked by: _____

Checks

[ ] Manual handling - turf rolls, soil bags and slabs lifted with aids or team lifts Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Power tools - guards in place; fuel stored safely away from work area Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Underground services - CAT scan before digging; hand-dig near services Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Working near roads - high-vis worn; materials not obstructing footpaths Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Pesticides and chemicals - COSHH sheets available; kept locked away from children/pets Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Sun and heat - water available; breaks in shade on hot days Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Slips and trips - muddy areas boarded; tools not left in walkways Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Noise - considerate hours; hearing protection for prolonged machine use Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] PPE worn - steel-toe boots, gloves, eye protection as needed Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Site left safe - excavations fenced, tools secured, gates closed Yes **[ ]** No **[ ]** N/A **[ ]**

Actions required [List any issues found and what was done]

Sign-off

Checked by: _____ **Signature:** _____ **Date:** _____