ATALIAN
GLOBAL SERVICES

**Form F9**

## SAFETY CHECKLIST FOR PEST CONTROL WORK

School Name: __Brodrick Secondary School_____

Date: _28/10/2022_____ Time: _9:30am_____

| S/N | Safety Checklist | Please Tick | | | Remarks |
|---|---|---|---|---|---|
| | | Yes | No | NA | |
| 1 | Workers are briefed on safe work procedures and job hazards during daily, weekly or monthly toolbox meeting | √ | | | |
| 2 | Ensure that workers are equipped with appropriate personal protective equipment | √ | | | |
| 3 | Workers are equipped with proper working equipment | √ | | | |
| 4 | When ladders are used, ensure that:<br>a. they are in good working condition<br>b. they are used on stable and level ground<br>c. workers to maintain three (3) points of contact when working on ladders | √ | | | |
| 5 | When handling chemicals, ensure that:<br>a. workers are trained in handling chemicals and<br>b. Safety Data Sheet (SDS) are readily available. | √ | | | |
| 6 | Ensure that fall prevention measures are put in place before starting work | √ | | | |
| 7 | When using equipment, ensure that<br>a. equipment is properly maintained<br>b. workers are properly trained to handle such equipment and<br>c. damaged equipment is reported to supervisors | √ | | | |
| 8 | Contractor to inform school and ensure that there are no users at the stated area before starting work (e.g. Fogging/misting/removal of beehive) | √ | | | |

Others: _____

Endorsed by Contractor's Safety Officer: ___Richard Ho_____