[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.

Plasterer safety checklist

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

Site address: _____

Date: _____

Checked by: _____

Checks

[ ] Dust - mask worn when mixing plaster; background ventilated Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Manual handling - 25kg bags lifted correctly; mixer positioned safely Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Working at height - hop-ups and platforms stable for ceiling work Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Slips - wet plaster spills cleaned; sheeting secured Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Eye protection - worn when mixing and when working overhead Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Skin - gloves or barrier cream; wash hands before eating Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Electrical safety - sockets masked, not painted over; power off if needed Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] PPE worn - dust mask, eye protection, gloves as a minimum Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Site left safe - tools cleaned, buckets emptied, area swept Yes **[ ]** No **[ ]** N/A **[ ]**

[ ] Drying - customer advised on drying times before decorating Yes **[ ]** No **[ ]** N/A **[ ]**

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

Sign-off

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