

Temporary Works Erection Observation Form

Date:

Project Name:

Location:

Temporary Works Description:

Person Completing Observation:

Role / Position:

TW Supervisor Name:

TW Supervisor Signature:

Observation Details:

Check Item	Yes	No	Comments
Approved design drawings available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Materials as per specification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Installation as per method statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Inspections carried out as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Risks and hazards identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Actions Required / Additional Comments:

