

	<b>EDMS #</b> <b>4578657/5</b>	<b>SAFETY INSPECTION FORM</b> <b>i.t.o. Occupational Health and Safety Act (1993) and Construction Regulations (2014)</b>		<b>HIGH MAST LIGHTS</b>

Route		Section		Road km	
Structure No.		Latitude (south)	D D M M S S . s	Longitude (east)	D D M M S S . s

Structure Name

The purpose of this Safety Inspection, to be undertaken by a competent person, is to identify safety related defects that require urgent attention to ensure the structure is safe for continued use. It is not required to record routine maintenance defects. These inspections are to be captured and hard copy and electronic records kept. Data shall also captured in SANRAL ITIS system. For existing structures inspections shall at 12 months maximum intervals. For new structures they shall be done every 6 months for the first 24 months and at 12 months maximum intervals thereafter.

**INSPECTION (mark with an X as applicable for Defect and Degree)**

Item	Description	Defect?			Degree Rating				Photo No's.
		Yes	No	N/A	1	2	3	4	
1	Support Plinth								
2	Base Plate and HD Bolts								
3	Mast								
4	Light Fitting and fixings								
5	Impact damage?								
6	Other defects (eg. Exposed wiring, vandalism) ?								
7									
8									
9									
10									

**PHOTOGRAPHS**

Photo No.	Inventory Description	Photo No.	Location	Defect Description
P01	High Mast Light Elevation	P11		
P02	Plinth Elevation	P12		
P03	Mast Number	P13		
P04		P14		
P05		P15		
P06		P16		
P07		P17		
P08		P18		
P09		P19		
P10		P20		

Urgent Action or Attention required?	Yes	No	If Yes, Urgency?	Immediate	Within 2 months	Within 6 months
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If Yes, specify details:

Inspector's comments:

Inspected by		Date	
Signature		Firm	

Degree Rating Description	No Defect	0	Minor	1	Moderate	2	Warning	3	Severe	4
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