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***Note:** This is a template only.
Adjustments can be made to include all relevant data for individual
projects. Columns and rows can be adjusted to include the number of
personnel involved in the project.*

COMPANY DETAILS		
Name:		
Address:		
Director	<i>Contact person's name</i>	Tel:
		Fax:
		Mobile:
		Email:
Project Manager	<i>Contact person's name</i>	Tel:
		Fax:
		Mobile:
		Email:
Site Manager	<i>Contact person's name</i>	Tel:
		Fax:
		Mobile:
		Email:
Accounts & Ordering	<i>Contact person's name</i>	Tel:
		Fax:
		Mobile:
		Email:
Estimating Department	<i>Contact person's name</i>	Tel:
		Fax:
		Mobile:
		Email:

EMERGENCY CONTACTS	24 Hour Service
Police	
Fire	
Ambulance	
Hospital	
Doctor	
Senior First Aid Officer	
Work Cover	
PROJECT DETAILS	
Site address:	
Job Number:	
DA Number:	
CC Number:	
Client details: <i>Name of client</i>	Address:
	Tel:
	Fax:
	Mobile:
	Email:
Local Council Contact: <i>Name of council officer</i>	Address:
	Tel:
	Fax:
	Mobile:
	Email:
Special permits <i>e.g. Loading zones, work zones, extend hours of operation, road openings, cranes, hoardings</i>	Permit 1:
	Permit 2:
	Permit 3:
	Permit 4:

CONSULTANTS			
Architect: <i>Name of Architect/Designer</i> <i>Office Address</i>	Tel:	Electrical Engineer: <i>Name of Elec. Eng.</i> <i>Office Address</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
Engineer: <i>Name of Engineer</i> <i>Office Address</i>	Tel:	Mechanical Engineer: <i>Name of Mech. Eng.</i> <i>Office Address</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
Principle Certifying Authority: <i>Name of PCA</i> <i>Office Address</i>	Tel:	Landscape Architect: <i>Name of landscape Arch.</i> <i>Office Address</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
Hydraulic Engineer: <i>Name of Hyd. Eng.</i> <i>Office Address</i>	Tel:	Interior Designer: <i>Name of Int. Designer.</i> <i>Office Address</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
<i>Consultant:</i>	Tel:	<i>Consultant:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
<i>Consultant:</i>	Tel:	<i>Consultant:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
<i>Consultant:</i>	Tel:	<i>Consultant:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
<i>Consultant:</i>	Tel:	<i>Consultant:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
INSURANCES			
Home Warranty: <i>Name of Company issuing policy</i>	Contact Number:	Email:	
	Policy Number:		
	Expiry Date:		
Contractor's ALL Risk Policy: <i>Name of Company issuing policy</i>	Contact Number:	Email:	
	Policy Number:		
	Expiry Date:		
Workers Compensation: <i>Name of Company issuing policy</i>	Contact Number:	Email:	
	Policy Number:		
	Expiry Date:		
Existing Building Insurance: <i>Name of Company issuing policy</i>	Contact Number:	Email:	
	Policy Number:		
	Expiry Date:		

SITE PERSONNEL

Foreman: <i>Name of foreman</i>	Tel:	<i>Tradesperson:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
	Licence:		Licence:
Leading Hand: <i>Name of leading Hand</i>	Tel:	<i>Tradesperson:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
	Licence:		Licence:
Carpenter: <i>Name of Carpenter</i>	Tel:	<i>Tradesperson:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
	Licence:		Licence:
Labourer: <i>Name of labourer</i>	Tel:	<i>Tradesperson:</i>	Tel:
	Fax:		Fax:
	Mobile:		Mobile:
	Email:		Email:
	Licence:		Licence:

SUB-CONTRACTOR DETAILS

Contractor 1: <i>Name of Contractor</i> <i>Office details</i>	Tel:	Licence No.
	Fax:	Insurances:
	Mobile:	Subcontractor Agreement Doc:
	Email:	
Contractor 2: <i>Name of Contractor</i> <i>Office details</i>	Tel:	Licence No.
	Fax:	Insurances:
	Mobile:	Subcontractor Agreement Doc:
	Email:	
Contractor 3: <i>Name of Contractor</i> <i>Office details</i>	Tel:	Licence No.
	Fax:	Insurances:
	Mobile:	Subcontractor Agreement Doc:
	Email:	

DOCUMENT REGISTER							
PLANS	Date of Issue	Revision No.	Amendment	Distribution list			
				client	Consultants	Site Personnel	Sub-Contractors
Architectural							
Site plan				✓	✓	✓	✓
Floor plans				✓	✓	✓	✓
Elevations				✓	✓	✓	✓
Sections				✓	✓	✓	✓
Details				✓	✓	✓	✓
Elec. layout plan				✓	✓	✓	✓
Soil Erosion & Sedim				✓	✓	✓	✓
Specifications				✓	✓	✓	✓
Survey							
Survey site plan							
Engineer							
Footing plan				x	✓		
Floor slab plans					✓		
Beam Elevations					✓		
Sections					✓		
Details					✓		
Specifications					✓		
Landscaping							
Site plan							
Elevations							
Sections							
Plant Details							
Details							
Hydraulic							
Site plan							
Roof plan							
Sections							
Details							
Calculations							
Mechanical							
Ceiling plans							
Service layout plan							
Details							
Electrical							
Ceiling plans							
Floor plans							
Details							

DOCUMENT REGISTER							
PLANS	Date of Issue	Revision No.	Amendment	Distribution list			
				client	Consultants	Site Personnel	Sub-Contractors
Fit outs							
Kitchen plans							
Bathroom layouts							
Cabinetry fit outs							
Manufacturer's Installation manuals							
Product 1							
Product 2							
Product 3							
Product 4							
Product 5							
CONTRACTS	Start Date:	Finish Date:	Extension date:	Distribution list			
				client	Consultants	Site Personnel	Sub-Contractors
Building Contract							
Consultant 1 Agreement							
Consultant 2 Agreement							
Consultant 3 Agreement							
Consultant 4 Agreement							
Sub-Contractor 1							
Sub-Contractor 2							
Sub-Contractor 3							
FIRST AID REGISTER							
Senior First Aid Officer:	Name:						
	Mobile:						
First Aid Officer:	Name:						
	Mobile:						

INJURY REGISTER

Date:	Name:	Injury	Treatment

SITE INDUCTION

Site induction Officer:	Name:
	Mobile:

SITE INDUCTION REGISTER

Date:	Name:	Signature:

SITE SECURITY			
Security Company: <i>Name of Company overseeing site security</i> <i>Office Address</i>	Contact Name 1 :		
	Contact Name 2:		
	Contact Number 1:		
	Contact Number 2:		
VARIATION REGISTER			
Variation 1:	General Instruction:		
Date: <i>Date of initial variation request</i>	Item	Date:	Complied
	Received		✓
	Priced		✓
	Forwarded for approval		✓
	Acceptance received		✓
	Works complete		✓
	Invoiced		✓
	Payment received		✓
Variation 2:	General Instruction:		
Date: <i>Date of initial variation request</i>	Item	Date:	Complied
	Received		
	Priced		
	Forwarded for approval		
	Acceptance received		
	Works complete		
	Invoiced		
	Payment received		
Variation 3:	General Instruction:		
Date: <i>Date of initial variation request</i>	Item	Date:	Complied
	Received		
	Priced		
	Forwarded for approval		
	Acceptance received		
	Works complete		
	Invoiced		
	Payment received		
Variation 4:	General Instruction:		
Date: <i>Date of initial variation request</i>	Item	Date:	Complied
	Received		
	Priced		
	Forwarded for approval		
	Acceptance received		
	Works complete		
	Invoiced		
	Payment received		

DELAYS/EXTENSION OF TIME REGISTER

Delay 1:	Cause/reason:		
Date: <i>Date of delay</i>	Extension sought	Date:	Complied
	Forwarded for approval		✓
	Approval received		✓
	Revised contract completion date		✓
Delay 2:	Cause/reason:		
Date: <i>Date of delay</i>	Extension sought	Date:	Complied
	Forwarded for approval		
	Approval received		
	Revised contract completion date		
Delay 3:	Cause/reason:		
Date: <i>Date of delay</i>	Extension sought	Date:	Complied
	Forwarded for approval		
	Approval received		
	Revised contract completion date		

PLANT EQUIPMENT

Preferred Suppliers: <i>Name of Company</i>	Hire of	Address:			
		Tel:			
Preferred Suppliers: <i>Name of Company</i>	Hire of	Address:			
		Tel:			
Register Of Equipment on Site:	Equipment	Date booked	Duration of Hire	Due Back	Operator
	Equipment 1:				
	Equipment 2:				
	Equipment 3:				
	Equipment 4:				
	Equipment 5:				
	Equipment 6:				
	Equipment 7:				
	Equipment 8:				
	Equipment 9:				
	Equipment 10:				

EQUIPMENT OPERATORS	
Operators:	Name:
	Mobile:
	Equipment:
	Certificate of Competency:
Operators:	Name:
	Mobile:
	Equipment:
	Certificate of Competency:
Operators:	Name:
	Mobile:
	Equipment:
	Certificate of Competency:
PREFERRED MATERIAL/TRADE SUPPLIERS	
Supplier 1: <i>Name of Supplier</i>	Address:
	Contact:
	Tel:
	Material Supply:
Supplier 2: <i>Name of Supplier</i>	Address:
	Contact:
	Tel:
	Material Supply:
Supplier 3: <i>Name of Supplier</i>	Address:
	Contact:
	Tel:
	Material Supply:
Supplier 4: <i>Name of Supplier</i>	Address:
	Contact:
	Tel:
	Material Supply:
Supplier 5: <i>Name of Supplier</i>	Address:
	Contact:
	Tel:
	Material Supply:

SAMPLE



SITE DIARY

1000

DAY		DATE:			
WEATHER: <i>Good, hot, wet</i>		SITE CONDITIONS: <i>Dry, muddy</i>			
VISITORS ON SITE:					
SUB-CONTRACTORS		NO.	SUB-CONTRACTORS		NO.
JOB DELAYS: <i>(also to be entered on to master register)</i>					
VARIATIONS: <i>(also to be entered on to master register)</i>					
PLANS ISSUED: <i>(To sub-contractors)</i>					
PLANT MOVEMENT		COMPANY		OFF HIRE NO.	COMMENTS
MATERIAL DELIVERIES					
SUPPLIER		MATERIAL DESCRIPTION			DELIVERY
DAY SITE REPORT:					
Signed:			SITE MANAGER:		

DAY		DATE:			
WEATHER: <i>Good, hot, wet</i>		SITE CONDITIONS: <i>Dry, muddy</i>			
VISITORS ON SITE:					
SUB-CONTRACTORS	NO.	SUB-CONTRACTORS	NO.	SITE STAFF	HRS
JOB DELAYS: <i>(also to be entered on to master register)</i>					
VARIATIONS: <i>(also to be entered on to master register)</i>					
PLANS ISSUED: <i>(To sub-contractors)</i>					
PLANT MOVEMENT	COMPANY		OFF HIRE NO.	COMMENTS	
MATERIAL DELIVERIES					
SUPPLIER	MATERIAL DESCRIPTION			DELIVERY	
DAY SITE REPORT:					
Signed:			SITE MANAGER:		



SITE DIARY

1002

DAY		DATE:			
WEATHER: <i>Good, hot, wet</i>		SITE CONDITIONS: <i>Dry, muddy</i>			
VISITORS ON SITE:					
SUB-CONTRACTORS	NO.	SUB-CONTRACTORS	NO.	SITE STAFF	HRS
JOB DELAYS: <i>(also to be entered on to master register)</i>					
VARIATIONS: <i>(also to be entered on to master register)</i>					
PLANS ISSUED: <i>(To sub-contractors)</i>					
PLANT MOVEMENT	COMPANY		OFF HIRE NO.	COMMENTS	
MATERIAL DELIVERIES					
SUPPLIER	MATERIAL DESCRIPTION			DELIVERY	
DAY SITE REPORT:					
Signed:			SITE MANAGER:		