|  |  |  |  |
| --- | --- | --- | --- |
| **Site(s):** |  | **Date of check:** |  |
| **Inspections:**LOW, MEIUM or HIGH | **Performed by:** |  |
| **Note:** *‘excessive’ means anything likely to cause nuisance to local receptors. Excessive noise and vibration relating to explosions should not be recorded on this form.* | **Note:** *‘excessive’ means anything likely to cause nuisance to local receptors. Excessive noise and vibration relating to explosions should not be recorded on this form.* | **Note:** *‘excessive’ means anything likely to cause nuisance to local receptors. Excessive noise and vibration relating to explosions should not be recorded on this form.* | **Note:** *‘excessive’ means anything likely to cause nuisance to local receptors. Excessive noise and vibration relating to explosions should not be recorded on this form.* |
| **AM** | *Check designated areas for excessive* ***noise levels*** |  |  |  | **Wind speed:** |  | **Wind direction:** |  |
| *Check designated areas for excessive* ***vibration levels*** |  |  |  | **Temperature:** | ◦C | **Sunny/ Overcast:** |  |
| *Check designated areas for excessive* ***dust and litter*** |  |  |  | **Rainfall:** |  |  |
| **PM** | *Check designated areas for excessive* ***noise levels*** |  |  |  | **Wind speed:** |  | **Wind direction:** |  |
| *Check designated areas for excessive* ***vibration levels*** |  |  |  | **Temperature:** | ◦C | **Sunny/ Overcast:** |  |
| *Check designated areas for excessive* ***dust and litter*** |  |  |  | **Rainfall:** |  |  |
| Any proactive dust and litter management techniques implemented today? *(Yes, No)* |  |  |  | **Detail:** |  |
| **Issue** | **Description:** | **Action taken:** | **Date:** | **Signature:** |
| **Issue** | **Description:** | **Action taken:** | **Date:** | **Signature:** |
| *If issues are re-occurring and/ or can't be resolved quickly or require the input of multiple parties the issues must be escalated.*  |