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| **Contractor Name:** | **Inspection date:** |
| **Contract title:** | **Contract #:** |
| **Location of the camp:** | **Camp identification number:** |
| **Contractor Management Rep:** | **Contract Owner:** |
| **Inspection participants:**  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **No.** | **Item/Description** | **Acceptable / NA** | **Improvement Needed** | **Score** | **Comments** |
| **1** | **GENERAL REQUIREMENTS** |  |  |  |  |
| 1.1 | Are details of accommodation provided to the company representative before commencement of the contract? | [ ]  | [ ]  | 2 |  |
| 1.2 | Have the Contractor Manager, Safety Officer, and the Company Representative conducted initial camp inspection? | [ ]  | [ ]  | 1 |  |
| 1.3 | Does contractor maintain an on-going monthly camp inspection program?  | [ ]  | [ ]  | 1 |  |
| 1.4 | Has contractor presented corrective actions/compliance status to JO Contract Owner/EHS? | [ ]  | [ ]  | 1 |  |
| 1.5 | Is temporary galvanized sheet fence erected around the camp? | **[ ]**  | **[ ]**  | 1 |  |
| **2** | **ACCOMMODATION** |  |  |  |  |
| 2.1 | Do all sleeping rooms meet the following requirements? \* 50 square feet floor for each occupant ( 4 feet space between beds) \* Minimum 8.5 feet high ceiling | [ ]  | [ ]  | 2 |  |
| 2.2 | Are all floors constructed of wood, PVC tiles, or smooth concrete and in good condition in each room? | [ ]  | [ ]  | 2 |  |
| 2.3 | Is every building provided with heating and cooling equipment for summer and winter? | [ ]  | [ ]  | 2 |  |
| 2.4 | Is accommodations constructed to give protection against pests, fire, rain, dust, wind, moisture? | **[ ]**  | **[ ]**  | 2 |  |
| 2.5 | Are open areas in and around buildings and shelters in a clean and sanitary condition free from rubbish, debris, waste, garbage or other refuse?  | **[ ]**  | **[ ]**  | 2 |  |
| 2.6 | Is each occupant provided with one (1) single bed of standard size? | [ ]  | [ ]  | 2 |  |
| 2.7 | Is cupboard/locker provided to each individual in sleeping room? | [ ]  | [ ]  | 2 |  |
| 2.8 | Are windows provided for ventilation, window with fly screen in each room? | [ ]  | [ ]  | 2 |  |
| 2.9 | Is each room where workers cook, live and sleep; 100 square feet area provided per person? | [ ]  | [ ]  | 2 |  |
| 2.10 | Is appropriate pesticide sprayed and accommodations free from pests/insects? | **[ ]**  | **[ ]**  | 2 |  |
| 2.11 | Are smoke detectors installed in kitchen and living rooms? | [ ]  | [ ]  | 2 |  |
| 2.12 | Is smoking prohibited inside sleeping rooms? | [ ]  | [ ]  | 2 |  |
| 2.13 | Is there designated smoking place identified outside sleeping rooms? | [ ]  | [ ]  | 2 |  |
| **3** | **KITCHEN /FOOD STORAGE/DINING** |  |  |  |  |
| 3.1 | Does kitchen meet following requirements?\* 10 square feet area floor per person served\* No direct opening from living or sleeping rooms\* No logging of water on floor  | [ ]  | [ ]  | 2 |  |
| 3.2 | Are kitchen and dining hall walls and floor and made of glazed tiles? | [ ]  | [ ]  | 2 |  |
| 3.3 | Is dining hall of adequate size and furnished to accommodate fifty (50%) of occupants at any time? | [ ]  | [ ]  | 2 |  |
| 3.4 | Are separate hand wash and dish washing facilities provided in the kitchen? | **[ ]**  | **[ ]**  | 2 |  |
| 3.5 | Is ventilation exhaust fans installed in kitchen? | [ ]  | [ ]  | 2 |  |
| 3.6 | Is external window provided, lighting adequate? | [ ]  | [ ]  | 2 |  |
| 3.7 | Is fire extinguisher with instructions to use provided? | [ ]  | [ ]  | 2 |  |
| 3.8 | Is Emergency Exit route marked? | [ ]  | [ ]  | 2 |  |
| 3.9 | Are LPG cylinders stored outside of the kitchen? | [ ]  | [ ]  | 1 |  |
| 3.10 | Is cold storage maintained at following condition?Frozen food minus 18 CChilled food at minus 3 C to 1 C | **[ ]**  | **[ ]**  | 2 |  |

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| **4** | **WATER SUPPLY** |  |  |  |  |
| 4.1 | Is isolated water tank or direct water supply for the camp provided? | **[ ]**  | **[ ]**  | 2 |  |
| 4.2 | Is water storage sized to provide 35 gallon of water per person per day? | [ ]  | [ ]  | 2 |  |
| 4.3 | Is cool drinking water available for all residents? | [ ]  | [ ]  | 2 |  |
| 4.4 | Is water filter cleaned and maintained? | **[ ]**  | **[ ]**  | 1 |  |
| 4.5 | Is water tested / analyzed to verify conformance to the Ministry specification for drinking water? | **[ ]**  | **[ ]**  | 1 |  |
| 4.6 | Is potable water tanker driver and helper have valid health certificate from Ministry of health? | **[ ]**  | **[ ]**  | 1 |  |
| **5** | **LAUNDRY/TOILETS/BATHING FACILITY** |  |  |  |  |
| 5.1 | Is continuous supply for hot and cold water provided? | [ ]  | [ ]  | 2 |  |
| 5.2 | Are Water Closets (W.C.) provided per 8 persons as a minimum? | [ ]  | [ ]  | 2 |  |
| 5.3 | Is One (1) shower/bathroom provided per 8 persons as a minimum? | [ ]  | [ ]  | 2 |  |
| 5.4 | Are toilets provided with glossy tiles for easy cleaning? | **[ ]**  | **[ ]**  | 2 |  |
| 5.5 | Is adequate drainage facility provided in the camp? | **[ ]**  | **[ ]**  | 2 |  |
| 5.6 | Are hand wash basins provided per 6 persons? | **[ ]**  | **[ ]**  | 2 |  |
| 5.7 | Is one (1) washing machine provided for 10 persons as a minimum? | [ ]  | [ ]  | 2 |  |
|  5.8 | Is sewage disposed as per Kuwait Municipality Regulations? | **[ ]**  | **[ ]**  | 2 |  |
| 5.9 | Are toilets and bathrooms maintained in clean and hygienic conditions? | **[ ]**  | **[ ]**  | 2 |  |
| **6** | **MISCELLANEOUS** |  |  |  |  |
| 6.1 | Is any recreation facility in the camp available for residents? | [ ]  | [ ]  | 2 |  |
| 6.2 | Is First Aid facility maintained at camp? | [ ]  | [ ]  | 2 |  |
| 6.3 | Are sufficient bins provided lined with plastic bag? | **[ ]**  | **[ ]**  | 2 |  |
| 6.4 | Are workmen transported to worksite in passengers’ compartment only? | [ ]  | [ ]  | 2 |  |
| 6.5 | Is adequate lighting provided in the camp?* Lighting in internal area
* Lighting in external area
 | [ ]  | [ ]  | 2 |  |
| 6.6 | Are electrical wiring and appliances in compliance with the electrical standard and approved by the Company? | [ ]  | [ ]  | 2 |  |
| 6.7 | Is Earth Leakage Circuit Breaker (ELCB) provided in each location? Accommodation/Toilets/Kitchen? | [ ]  | [ ]  | 2 |  |
| 6.8 | Are 10 KG. DCP Fire Extinguishers provided in each portacabin for each eight to ten (8 to 10) bedrooms? | [ ]  | [ ]  | 2 |  |
| **7** | **PANDAMIC INFLUENZA CONTROL** |  |  |  |  |
| 7.1 | Is there a pandemic influenza control plan? | **[ ]**  | **[ ]**  | 1 |  |
| 7.2 | Is there Pandemic Influenza awareness/education program developed for camp residents (including posters around camp)? | [ ]  | [ ]  | 1 |  |
| 7.3 | Are hand sanitizers provided for residents? | **[ ]**  | **[ ]**  | 1 |  |
| 7.4 | Are periodic health check-ups done for all personnel? | **[ ]**  | **[ ]**  | 1 |  |
| 7.5 | Is there animal control in the camp? Are live stock, pet birds etc prohibited in the camp? | **[ ]**  | **[ ]**  | 1 |  |
| 7.6 | Are employees with transmittable disease required to stay off work? | **[ ]**  | **[ ]**  | 1 |  |
| **9** | **OTHER OBSERVATIONS** |  |  |  |  |
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**Inspection team members’ signatures:**

1. Name: Date: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: Date: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: Date: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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5. Name: Date: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_