



Safe Design Project Review Form

This form can be used as a guide to undertaking safe design reviews of projects. The aim of the review is to better understand how project teams integrate and manage Safety in Design (SiD), obtain feedback on design issues and opportunities across teams and projects, and make process improvements.

PROJECT OVERVIEW		
Client name	Enter Client name.	
Project address	Enter project address.	
Project name	Enter project name.	
Name of Designer	Enter the name of the designer.	
Project Review Date	Date review undertaken.	
Reviewed by	Enter name of reviewer.	
Intended use of Structure	Enter - what is the intended use of this Structure? E.g. residential building, school, child care centre, commercial building, public swimming pool, etc.	
Project involves (select all that apply)	<input type="checkbox"/> New Structure	<input type="checkbox"/> Demolition of Existing Structure(s)
	<input type="checkbox"/> Altering a Structure	<input type="checkbox"/> Other
	Click here to provide details.	
Did the project cost more than \$250,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was the project design to include unusual or unique design elements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Click here to provide details.	
Was the design outsourced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Click here to provide details.	





CONCEPT PHASE: Project Initiation

Was a design brief developed for the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Rate the quality of the design brief SiD information. <i>e.g. Did it include end-user input, design principles/specifications, hazard or incident data?</i>	<input type="checkbox"/> 5 - Excellent	<input type="checkbox"/> 4 - Good	<input type="checkbox"/> 3 - Average	<input type="checkbox"/> 2 - Poor	<input type="checkbox"/> 1 - Very Poor
Click here to provide details.					
Did the project initiation process include specifying and costing SiD activities and deliverables? <i>e.g. Timeframes for workshops/budget allocations?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Click here to provide details.					
How would you rate the project team, or if outsourced, the Lead Designer's knowledge, capability, and experience in Safe Design for the project they were engaged to undertake?	<input type="checkbox"/> 5 - Excellent	<input type="checkbox"/> 4 - Good	<input type="checkbox"/> 3 - Average	<input type="checkbox"/> 2 - Poor	<input type="checkbox"/> 1 - Very Poor
Click here to provide details.					
Was a WHS file established for the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Click here to provide details.					
Was a formal high level risk assessment carried out by the Project Team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Click here to provide details.					



CONCEPT PHASE: Project Initiation *continued*

<p>If existing, was the formal high level risk assessment carried out in collaboration with key stakeholders' HSE, facilities, operations representatives?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
<p>Was a Design Workshop conducted at the Concept stage?</p> <p><i>Note, this could have been conducted as part of a project meeting.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
<p>How would you rate your process for SiD consultation with the Client and other stakeholders?</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td data-bbox="531 1023 719 1106"><input type="checkbox"/> 5 - Excellent</td> <td data-bbox="719 1023 908 1106"><input type="checkbox"/> 4 - Good</td> <td data-bbox="908 1023 1096 1106"><input type="checkbox"/> 3 - Average</td> <td data-bbox="1096 1023 1284 1106"><input type="checkbox"/> 2 - Poor</td> <td data-bbox="1284 1023 1477 1106"><input type="checkbox"/> 1 - Very Poor</td> </tr> </table> <p>Click here to provide details.</p>	<input type="checkbox"/> 5 - Excellent	<input type="checkbox"/> 4 - Good	<input type="checkbox"/> 3 - Average	<input type="checkbox"/> 2 - Poor	<input type="checkbox"/> 1 - Very Poor
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SAMPLE