



DEI C.H.E.S.S.

Foreign Object Debris (FOD) Prevention Register

Date:	Document ID#:	Version #:
PVID#:	Contractor/Company Name:	Contractor ID:
Camp/Base:	Location:	Site:
Base Work Safety Officer	Name:	Contact Number:

Pre-start checklist:

<input type="checkbox"/>	All airside workers have completed FOD-prevention training?	<input type="checkbox"/>	Airfield Management notified prior to accessing airfield?
<input type="checkbox"/>	Vehicle FOD check completed?	<input type="checkbox"/>	Clearance received from Air Traffic Service to initiate task?
<input type="checkbox"/>	All tools, materials and equipment secured on/inside vehicle to prevent accidental falling off?	<input type="checkbox"/>	Small tools and items such as drillbits and bolts are kept and transported to and from site in suitable containers?
<input type="checkbox"/>	Worksite screened off to prevent FOD material from going onto airside?	<input type="checkbox"/>	Worksite boundary clearly defined with fence or cones if required. N/A
<input type="checkbox"/>	Where possible, observer appointed to ensure no materials or packaging are left behind or blown away? N/A	<input type="checkbox"/>	Containers with lids used for waste?
<input type="checkbox"/>	Only tools, materials and equipment to be used are offloaded?	<input type="checkbox"/>	ALL offloaded tools, materials and equipment captured in the FOD register?

Task completion checklist:

<input type="checkbox"/>	All tools, materials and equipment collected, are loaded and accounted for?
<input type="checkbox"/>	All waste and off-cuts are collected, loaded and accounted for?
<input type="checkbox"/>	FOD register updated?
<input type="checkbox"/>	Excavated material is reinstated, or removed and loaded?
<input type="checkbox"/>	Worksite is reinstated to required standard?
<input type="checkbox"/>	Worksite and surrounding environment has been 'swept' and confirmed clear of any FOD items?

The worksite is in a safe and serviceable condition and has been inspected by:

Work Safety Officer	Name:	Email:	Phone/Mob:
	Signature:		



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List ALL tools, materials and equipment used at worksite.

	Tool/Material/Equipment	Number/mass/ length unloaded	Date	Time	Number/mass/ length removed	Date	Time	Comments. <i>(Include work-site if multiple sites)</i>
1								
2								
3								
4								
5								
6								
7								
8								
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I declare the above information is accurate and complete:

Contractor Representative	Name:	Email:	Phone/Mob:
	Signature:		