

SITE INSPECTION

Project Name: _____

Project #: _____ Date & Time: _____

Conducted By: _____

Status: Indicates Adequate Controls in Place. X Indicates Action Required. N/A Indicates Not Applicable.

<p>1. Personal Protective Equipment</p> <p>A. Hard Hats</p> <p>B. Eye Protection</p> <p>C. Ear Protection</p> <p>D. Respirators</p> <p>E. Proper Clothing</p> <p>F. Footwear</p> <p>G. Fall Arrest Harness</p> <p>2. Housekeeping</p> <p>A. Exits & Stairs Clear</p> <p>B. Piling & Stacking</p> <p>C. Debris Removal</p> <p>D. Nails bent or removed</p> <p>3. Ladders & Stairs</p> <p>A. Ladder condition</p> <p>B. Ladder tied off</p> <p>C. Ladder 3' above landing</p> <p>D. Stairs</p> <p>E. Job Made Ladders</p> <p>4. Railings/Covers</p> <p>A. Perimeter</p> <p>B. Floor Openings</p> <p>C. Stairs/Ramps</p> <p>D. Walkways</p> <p>E. Elevator Door Openings</p> <p>5. Scaffolds</p> <p>A. Guardrail/Toe boards</p> <p>B. Tied to Building</p> <p>C. Planks & Platforms</p> <p>D. Access</p> <p>E. Checklist Completed (tagged)</p> <p>F. Swing stage Checklist</p> <p>6. Electrical</p> <p>A. Temporary Lighting</p> <p>B. GFCI</p> <p>C. Cords, Plugs & Receptacles</p>	<p>7. Fire Protection</p> <p>A. Extinguishers</p> <p>B. Flammable Material Storage</p> <p>C. Welding/Cutting Equip.</p> <p>8. Tools & Equipment</p> <p>A. Condition</p> <p>B. Guarded</p> <p>C. Power Cords</p> <p>D. Temporary Power Boxes</p> <p>E. Inspection Logs Reviewed (rentals)</p> <p>9. Site & Public Protection</p> <p>A. Excavations/Trenches</p> <p>B. Earthmoving Equipment</p> <p>C. Forklifts/Cranes/Picker Trucks etc.</p> <p>D. Fences & Lighting</p> <p>E. Sign & Barricades</p> <p>F. Rebar Protection</p> <p>G. Tower Cranes</p> <p>H. Hoarding/Public Walkways</p> <p>10. Man Material Hoists</p> <p>A. Operator Inspections</p> <p>B. Regulatory Inspections</p> <p>11. First Aid/Hygiene</p> <p>A. Trained Personnel</p> <p>B. Kits/Supplies</p> <p>C. Sanitation/Water/Washrooms</p> <p>12. Programs / Information</p> <p>A. Orientation: New Employee</p> <p>B. Communications Board / Posting</p> <p>C. Quarterly OHC Meeting</p> <p>D. Field Level Hazard Assessments</p> <p>E. Safe Work Procedures</p> <p>F. Weekly Tool Box Talks</p> <p>13. Environmental Conditions</p> <p>A. Air Quality / Ventilation</p> <p>B. Site Conditions</p>
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Write a comment for identified deficiencies:

Management Review Signature: _____

Date: _____