
PROJECT LOCATION	PROJECT NUMBER.	INSPECTION DATE	CLIENT
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Check (✓) If Satisfactory

(X) If needs attention

(NA) Non-applicable

ALL NEGATIVE ANSWERS REQUIRE EXPLANATION AND CORRECTIVE ACTION**A. GENERAL CONDITIONS**

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|--------------------------------|-----|--|-----|
| 1. OSHA sign posted | () | 5. Approved and stocked first aid kit on jobsite | () |
| 2. Daily safety meetings held | () | 6. Safety signs prominently displayed | () |
| 4. Permits signed and in place | () | 8. Proper clothing worn by employees | () |
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B. HEALTH AND ENVIRONMENTAL

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|---|-----|--|-----|
| 1. Toilets adequate and well maintained | () | 5. Handwashing facilities available | () |
| 2. Drinking water marked, cups supplied | () | 6. Chemical showers and eyewash stations available | () |
| 3. Illumination adequate for worksite | () | 7. Noisy work areas posted | () |
| 4. Oxygen deficiency and flammability test performed where required | () | | |
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C. HAZARD COMMUNICATION PROGRAM

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|----------------------------------|-----|----------------------------------|-----|
| 1. Written program on jobsite | () | 3. Chemicals properly identified | () |
| 2. MSDS available-location known | () | 4. All personnel trained | () |
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D. PERSONAL PROTECTIVE EQUIPMENT

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|---|-----|--|-----|
| 1. Approved hard hats | () | 5. Respirators needed for task | () |
| 2. Eye protection being utilized properly | () | 6. Safety harnesses/lanyards in good condition and being used properly | () |
| 3. Proper gloves worn | () | 7. Employees wearing proper footwear | () |
| 4. Hearing protection worn | () | | |
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E. MATERIAL HANDLING EQUIPMENT

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|--|-----|--|-----|
| 1. Canopy guards or roll-over protection | () | 6. Outriggers in place when needed | () |
| 2. Back-up alarm/flashing light provided | () | 7. Capacity chart at operators station | () |
| 3. A fire extinguisher present | () | 8. Signal person designated | () |
| 4. Operators trained and certified | () | 9. Tag lines used | () |
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F. HOUSEKEEPING & MATERIAL STORAGE

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|--|-----|---|-----|
| 1. Material neatly and safely stored | () | 6. Housekeeping performed daily | () |
| 2. Trashed removed from jobsite on a regular basis | () | 7. Protruding nails removed from lumber | () |
| 3. Walkways clear of tripping hazards | () | 8. Storage trailers neat and orderly | () |
| 4. Office trailers clean and orderly | () | 9. Protective caps used on protruding re-bar | () |
| 5. Tools neat and maintained | () | 10. Racks, bins or buckets used for conduit/small parts | () |

G. LADDERS & SCAFFOLDS

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|--|-----|---|-----|
| 1. Ladders extend 3 feet above landing and tied off | () | 6. Scaffolds inspected daily | () |
| 2. Scaffolds properly erected | () | 7. Proper scaffolding tags utilized | () |
| 3. Scaffolding guyed or tied off | () | 8. Scaffold boards planked all the way across | () |
| 4. Handrails, midrails & toeboards in place | () | 9. Folding ladders not used as straight ladders | () |
| 5. Defective ladders tagged and removed from jobsite | () | 10. No work on top two steps of ladder | () |
| | | 11. Ladder placed on solid footing | () |
| | | 12. Personnel trained to work on scaffold | () |

H. FLOOR AND BARRICADES

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|---|-----|--|-----|
| 1. Stairways during construction have handrails on open sides | () | 3. Elevated work surface floor openings properly covered or barricaded off | () |
| 2. Ground level openings fenced off or barricaded off | () | 4. Overhead work areas barricaded off and overhead work signs posted | () |

I. EXCAVATION, TRENCHING & SHORING

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|--|-----|--|-----|
| 1. Excavation material stored a minimum of 2 feet from edge of opening | () | 4. Trenches over 5 feet shored/stepped back to stabilize slopes | () |
| 2. Utility company/client notified | () | 5. Trenches greater than 4 feet deep provided w/ladder within 25 feet of work area | () |
| 3. Barricades installed when mobile equipment near excavation | () | 6. Excavations inspected daily | () |

J. ELECTRICAL

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|---|-----|--|-----|
| 1. Electrical panels labeled | () | 5. GFCI protection in place on all temporary power source | () |
| 2. Lockout/tagout procedure followed | () | 6. All electrical tools properly grounded or double insulated including personal tools | () |
| 3. Defective electrical cords not allowed | () | | |
| 4. Proper color code | () | | |

K. VEHICLE N/A

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|----------------------------------|-----|--|-----|
| 1. All lights in working order | () | 5. Fluid levels checked | () |
| 2. Brakes working properly | () | 6. Oil, transmission or rear-end leaks | () |
| 3. Tires in good condition | () | 7. License/inspection current | () |
| 4. Horn and back-up alarm sounds | () | 8. Truck number(s) | () |

Additional comments:

INSPECTOR:

ASSISTANT EMPLOYEE(S):
