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| --- | --- | --- |
| Client/General Contractor:  | Worksite: | Inspection Date: |
| Location: | Scope of Work: | Time: Weather: |
|  |  |  |
| Performed By:  | Position:  | Supervisor: |
|  |  |  |
| **Safety RequirementsYes = √ No= X N/A= Not Applicable** | **Yes** | **No** | **N/A** | **Site ConditionsYes = √ No= X N/A= Not Applicable** | **Yes** | **No** | **N/A** |
| Safety Manual |  |  |  | Noise Level Acceptable |  |  |  |
| Safety Policies Posted / Available |  |  |  | Particles in the Air |  |  |  |
| First Aid Personnel |  |  |  | Lighting Adequate |  |  |  |
| First Aid Kit / Facilities |  |  |  | Temperature OK |  |  |  |
| Fire Extinguisher (charged/inspected) |  |  |  | Falling Objects (risk of) |  |  |  |
| Emergency Exits (visible/obscured) |  |  |  | Stacking of Material (safe/unsafe) |  |  |  |
| PPE (acceptable/worn) |  |  |  | Slip/Trip/Fall Hazard |  |  |  |
| Warning Signs Posted |  |  |  | Machinery (No obvious defects) |  |  |  |
| Communication available, emergency numbers known/posted |  |  |  | Sanitation Facilities |  |  |  |
| Muster Point known by workers |  |  |  | Site Parking Conditions |  |  |  |
| Regulations available to workers |  |  |  | Overhead Power Lines |  |  |  |
| General Housekeeping |  |  |  | Underground services |  |  |  |
| Accidents/incidents/near misses since last report |  |  |  | Traffic Control Established |  |  |  |
| Stockpiling of materials |  |  |  | Electrical Lockout Required |  |  |  |
| Hazard Assessment |  |  |  | Temporary Installation of Guardrails |  |  |  |
| Site Rules |  |  |  | Safe Entry/Exit to Site |  |  |  |
| Access Restricted |  |  |  |  |  |  |  |
| PPE (special requirements) |  |  |  | Fall Protection |  |  |  |
| Environmental Policy followed |  |  |  | FP Plan (documented) |  |  |  |
| Site Rules followed by employees |  |  |  | Proof of Training |  |  |  |
| Site Orientation Completed by Supervisor |  |  |  | Equipment – Annual Inspection |  |  |  |
| Security at night (if required) |  |  |  | WHMIS |  |  |  |
| Smoking (Rules Posted) |  |  |  | Proof of Training (random check) |  |  |  |
| Site Equipment |  |  |  | Proper Labeling on containers |  |  |  |
| Ladders (tied off/3 rungs above) |  |  |  | SDS’s current on this date-spot check |  |  |  |
| Aerial Lifts / Training / Inspection |  |  |  | Asbestos concerns |  |  |  |
| Hoses/Cords/Ropes |  |  |  | Flammable/Explosive Products |  |  |  |
| Hoisting Equipment / Crane |  |  |  | Reactive / Corrosive Products |  |  |  |
| Sawhorse |  |  |  |  |  |  |  |
|  |  |  |  | Scaffold/Pump Jack |  |  |  |
| Power Tools |  |  |  | Proof of Training |  |  |  |
| Double Insulated or Grounded |  |  |  | Proper set up |  |  |  |
| Specific Training |  |  |  | Scaffold Tag in Place |  |  |  |
| Safety Guards in place |  |  |  | Daily Inspections Complete and Documented (scaffolding) |  |  |  |
| Inspected (visually) |  |  |  |  |  |  |  |

**Details of Required Action / Comments / Observations**
Priority:
1 = Immediate action required – 5 = Needs Attention

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| --- | --- | --- | --- | --- |
| **Priority** | **Hazard & Exact Location** | **Corrective Actions** | **Date Completed** | **Completed By** |
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| **Notes:** |
| **Inspection Completed by****Signature: Date:** |
| **Management Review** **Signature: Date:** |