



JOBSITE INSPECTION FORM

Date _____ Time _____ Job Name _____ Job # _____

I have reviewed the following areas of my work looking for unsafe conditions and unsafe acts those that needed attention have been marked.

PERSONAL PROTECTIVE EQUIPMENT

- Head _____
- Eyes and Face _____
- Ears _____
- Respiratory System _____
- Hands and Arms _____
- Trunk _____
- Feet and Legs _____

REACTIONS OF PEOPLE

- Adjusting PPE _____
- Changing Position _____
- Rearranging Job _____
- Stopping Job _____
- Attaching Grounds _____
- Lockouts _____

POSITIONS OF PEOPLE (Injury Causes)

- Striking Against _____
- Struck By _____
- Caught In, On, or Between _____
- Falling _____
- Contacting Temperature Extremes _____
- Contacting _____
- Electric Current _____
- Inhaling, Absorbing or _____
- Swallowing a Hazardous Substance _____
- Overexertion _____

TOOLS AND EQUIPMENT

- Wrong for the job _____
- Used Incorrectly _____
- In Unsafe Condition _____

PROCEDURES AND ORDERLINESS

- Inadequate _____
- Not Known _____
- Not Understood _____
- Not Followed _____

PROGRAM PROVISIONS

- Education & Training _____
- Health & Physical Requirements _____
- First Aid and Medical Services _____
- Sanitation _____
- Personal Protection Equipment _____
- Earthmoving Equipment and Trucks _____
- Hand and Power Tools _____
- Cranes and Hoisting Equipment _____
- Rigging _____
- Excavation & Trenches _____
- Welding & Cutting _____
- Fall Prevention and Protection _____
- Aerial Lifts _____
- Access and Ladders _____
- Impalement Prevention _____
- Work Over Water _____
- Fire Prevention and Protection _____
- Traffic Control _____
- Public Protection _____
- Electrical _____
- Housekeeping _____
- Blasting _____
- Enclosed and Confined Spaces _____
- Stationary Machinery and Plants _____
- Other _____
- Other _____
- Other _____

List Corrections and Action to Prevent Reoccurrence

Inspected By (print name)

Title



WORK AREA INSPECTION FORM

Date:		Supervisor Name:		Job Name:		Job #	
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I have identified with a check mark the work areas I inspected. The areas that needed attention or may have resulted in an unsafe condition have been addressed:

	CONSTRUCTION EQUIPMENT		CRANES & HOISTING EQUIPMENT		PERSONAL PROTECTIVE EQUIP		ELECTRICAL		OTHER ITEMS
<input type="checkbox"/>	Equipment blocked/secured	<input type="checkbox"/>	Loads are securely attached	<input type="checkbox"/>	Eye/Face protection available	<input type="checkbox"/>	Damaged/defective extension cords	<input type="checkbox"/>	
<input type="checkbox"/>	Energy sources locked out	<input type="checkbox"/>	Safety clips on all hooks	<input type="checkbox"/>	Ear protection available	<input type="checkbox"/>	Extension cords exposed to liquids	<input type="checkbox"/>	
	HAND & POWER TOOLS		CRANES & HOISTING EQUIPMENT		PERSONAL PROTECTIVE EQUIP		ELECTRICAL		OTHER ITEMS
<input type="checkbox"/>	No trigger locks on tools	<input type="checkbox"/>	Hooks are undamaged/defective	<input type="checkbox"/>	Hand protection available	<input type="checkbox"/>	Outlets overloaded	<input type="checkbox"/>	
<input type="checkbox"/>	Blade guards in place	<input type="checkbox"/>	Employees not under loads	<input type="checkbox"/>	High visibility clothing available	<input type="checkbox"/>	Covers on all outlets	<input type="checkbox"/>	
<input type="checkbox"/>	Grinding wheels/discs undamaged	<input type="checkbox"/>	WELDING & CUTTING	<input type="checkbox"/>	Head protection available	<input type="checkbox"/>	Overhead lights are guarded	<input type="checkbox"/>	
<input type="checkbox"/>	Air hoses over 1" chained/secured	<input type="checkbox"/>	Cylinder valves closed	<input type="checkbox"/>	Welding protection available	<input type="checkbox"/>	HOUSEKEEPING	<input type="checkbox"/>	
<input type="checkbox"/>	Machines have tools rests	<input type="checkbox"/>	Valve caps in place	<input type="checkbox"/>	Fall protection available	<input type="checkbox"/>	Passageways are clean & orderly	<input type="checkbox"/>	
<input type="checkbox"/>	Tool rests with 1/8" gap	<input type="checkbox"/>	Cylinders stored upright	<input type="checkbox"/>	FIRE PREVENTION/PROTECTION	<input type="checkbox"/>	Storerooms are clean & orderly	<input type="checkbox"/>	
<input type="checkbox"/>	BATTERY CHARGING STATIONS	<input type="checkbox"/>	Ground leads attached to work	<input type="checkbox"/>	Extinguishers inspected monthly	<input type="checkbox"/>	Lunchroom clean & orderly	<input type="checkbox"/>	
<input type="checkbox"/>	Ventilation is good & operational	<input type="checkbox"/>	Personnel shielded from flash/slag	<input type="checkbox"/>	Extinguishers rated at least 2A10BC	<input type="checkbox"/>	Restrooms clean & orderly	<input type="checkbox"/>	
<input type="checkbox"/>	No Smoking signs posted	<input type="checkbox"/>		<input type="checkbox"/>	Flammables near ignition source	<input type="checkbox"/>	Walkways free of trip hazards	<input type="checkbox"/>	
<input type="checkbox"/>	Eye wash stations operational	<input type="checkbox"/>		<input type="checkbox"/>	Combustibles near ignition source	<input type="checkbox"/>	Spill clean-up kits available	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Flammables in approved containers	<input type="checkbox"/>	Pits guarded/Access restricted	<input type="checkbox"/>	

Noted below are the actions I have taken to address / correct those conditions. (Correction should always include a conversation with affected employees.)

- 1)
- 2)
- 3)

I have observed the employees in my work area and identified, with a check mark, the safe and / or unsafe work behaviors:

	P.P.E		REACTIONS OF PEOPLE		POSITIONS OF PEOPLE		POSITIONS OF PEOPLE (Cont)		TOOLS & EQUIPMENT
<input type="checkbox"/>	Head	<input type="checkbox"/>	Adjusting Personal Protective Equip	<input type="checkbox"/>	Striking Against Objects	<input type="checkbox"/>	Absorbing a hazardous substance	<input type="checkbox"/>	Wrong for the Job
<input type="checkbox"/>	Eyes & Face	<input type="checkbox"/>	Changing their Position	<input type="checkbox"/>	Struck by Objects	<input type="checkbox"/>	Swallowing a hazardous substance	<input type="checkbox"/>	Used Incorrectly
<input type="checkbox"/>	Ears	<input type="checkbox"/>	Rearranging their Job	<input type="checkbox"/>	Caught In, On or Between Objects	<input type="checkbox"/>	Overexertion	<input type="checkbox"/>	In an Unsafe Condition
<input type="checkbox"/>	Respiratory Systems	<input type="checkbox"/>	Stopping their Job	<input type="checkbox"/>	Falling	<input type="checkbox"/>	Repetitive Motions	<input type="checkbox"/>	PROCEDURES & ORDERLINESS
<input type="checkbox"/>	Arms & Hands	<input type="checkbox"/>	Attaching Grounds	<input type="checkbox"/>	Contact with Temperature Extremes	<input type="checkbox"/>	Awkward Positions	<input type="checkbox"/>	Procedures Inadequate
<input type="checkbox"/>	Trunk (Body)	<input type="checkbox"/>	Performing Lock-Outs	<input type="checkbox"/>	Contact with Electrical Current	<input type="checkbox"/>	Static Postures	<input type="checkbox"/>	Procedures not known/followed
<input type="checkbox"/>	Legs & Feet	<input type="checkbox"/>		<input type="checkbox"/>	Inhaling a hazardous substance	<input type="checkbox"/>		<input type="checkbox"/>	Orderliness not known/followed

Noted below are the actions I have taken to reinforce the safe work behaviors and address or correct the unsafe work behaviors: (Correction should always include a conversation with affected employees.)

- 1)
- 2)
- 3)