

(INSERT COMPANY LOGO HERE)

SAFETY CHECKLIST

Project Name: _____

Project #: _____

Company Name: _____

A.	GENERAL	<u>N/A</u>	<u>SATISFACTORY</u>	<u>UN-SAT</u>	<u>CORRECTIVE ACTION</u>
1	Drinking water available?	_____	_____	_____	_____
2	Adequate light in work area?	_____	_____	_____	_____
3	Tool (gang) boxes have working lids?	_____	_____	_____	_____
4	Ventillation is adequate for all work areas?	_____	_____	_____	_____
5	Safety Manual available?	_____	_____	_____	_____
6	Arrangements for emergency and routine medical care?	_____	_____	_____	_____
7	New employees have received orientation and training?	_____	_____	_____	_____
8	Safety Data Sheets (SDSs) on site?	_____	_____	_____	_____
9	Aisles and routes of egress maintained free of obstructions.	_____	_____	_____	_____
10	Wall openings or open sides floors sufficiently guarded?	_____	_____	_____	_____
11	Materials stored in a safe manner and away from leading edges and windows?	_____	_____	_____	_____
12	Ladders in good condition and free from defects or damage?	_____	_____	_____	_____
13	Barricades, fences and signs in place to identify routes away from overhead work zones?	_____	_____	_____	_____
14	Workers exposed to vehicular traffic wearing high visibility clothing?	_____	_____	_____	_____
B.	SCAFFOLDING	<u>N/A</u>	<u>SATISFACTORY</u>	<u>UN-SAT</u>	<u>CORRECTIVE ACTION</u>
1	Access ladder or safe access provided to all scaffolds?	_____	_____	_____	_____
2	Scaffold planks extend minimum of 6" and max. 12" beyond their supports?	_____	_____	_____	_____
3	Scaffold platforms more than 6 ft. have sufficient guardrail system?	_____	_____	_____	_____
4	Scaffolds are properly secured and tied to the building as needed to prevent displacement?	_____	_____	_____	_____
5	Floor surface free of tripping hazards?	_____	_____	_____	_____
6	Wheels locked to prevent movement?	_____	_____	_____	_____
7	Scaffolds inspected daily by designated competent person?	_____	_____	_____	_____
8	Scaffold on sound footing with base plates installed?	_____	_____	_____	_____

C.	<u>PPE</u>	<u>N/A</u>	<u>SATISFACTORY</u>	<u>UN-SAT</u>	<u>CORRECTIVE ACTION</u>
1	Hard hats worn by workers?	_____	_____	_____	_____
2	Proper foot and hand protection?	_____	_____	_____	_____
3	Eye/face protection worn where required?	_____	_____	_____	_____
4	Hearing protection used where needed?	_____	_____	_____	_____
5	Respirator protection used where needed?	_____	_____	_____	_____
D.	<u>FALL PROTECTION</u>	<u>N/A</u>	<u>SATISFACTORY</u>	<u>UN-SAT</u>	<u>CORRECTIVE ACTION</u>
1	Employees tied off using safety harnesses and lanyards when required?	_____	_____	_____	_____
2	Step ladders properly placed, braces locked out and no one using the top two steps.	_____	_____	_____	_____
3	Straight ladders extend 3' beyond the landing area and are tied off.	_____	_____	_____	_____
4	Ladders are in a good condition. No visible damage to rungs or siderails.	_____	_____	_____	_____
E.	<u>ELECTRICAL</u>	<u>N/A</u>	<u>SATISFACTORY</u>	<u>UN-SAT</u>	<u>CORRECTIVE ACTION</u>
1	Manufactured guards in place and operational on electrical tools.	_____	_____	_____	_____
2	No damage or repairs made to extension cords.	_____	_____	_____	_____
3	Extension cords properly grounded.	_____	_____	_____	_____
4	GFIs used properly	_____	_____	_____	_____
5	Extension cords not posing as tripping hazards.	_____	_____	_____	_____
6	Temporary lighting adequate.	_____	_____	_____	_____
7	Damaged and defective tools removed from service.	_____	_____	_____	_____
F.	<u>MATERIAL HANDLING</u>	<u>N/A</u>	<u>SATISFACTORY</u>	<u>UN-SAT</u>	<u>CORRECTIVE ACTION</u>
1	Slings, chains and chokers inspected.	_____	_____	_____	_____
2	Tag lines used when needed.	_____	_____	_____	_____
3	Material secured at all times.	_____	_____	_____	_____
G.	<u>HOUSEKEEPING</u>	<u>N/A</u>	<u>SATISFACTORY</u>	<u>UN-SAT</u>	<u>CORRECTIVE ACTION</u>
1	Containers available for waste.	_____	_____	_____	_____
2	Work areas and walkways cleaned periodically.	_____	_____	_____	_____
3	Waste materials center piled and debris removed regularly.	_____	_____	_____	_____

Comments:

Inspector Name (print): _____

Inspector Signature: _____

Company Name: _____

Date: ___ / ___ / ___