



# Site Inspection Form

<b>Worksite</b>		<b>Location</b>	
<b>Supervisor</b>		<b>Inspection Date</b>	

Y	N	Postings	Y	N	PPE	Y	N	First Aid
<input type="checkbox"/>	<input type="checkbox"/>	OHS Policy	<input type="checkbox"/>	<input type="checkbox"/>	Hard Hats	<input type="checkbox"/>	<input type="checkbox"/>	Regulation 1101 w Kits <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	In All Case Accident Process	<input type="checkbox"/>	<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Kits Properly Stocked
<input type="checkbox"/>	<input type="checkbox"/>	Emerg. Procedures / Contacts	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	Eye Wash (Portable)
<input type="checkbox"/>	<input type="checkbox"/>	OHS Act & Regulations	<input type="checkbox"/>	<input type="checkbox"/>	High Visibility Vests	<input type="checkbox"/>	<input type="checkbox"/>	Eye Wash (15 min)
<input type="checkbox"/>	<input type="checkbox"/>	List of H&S Rep	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Water (Accessible)
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Regulations (1101)	<input type="checkbox"/>	<input type="checkbox"/>	Cold Weather Plan	<b>Y</b>	<b>N</b>	<b>Compressed Gas / Fuel Pumps</b>
<input type="checkbox"/>	<input type="checkbox"/>	MOL Orders/Bulletins/Alerts	<input type="checkbox"/>	<input type="checkbox"/>	Hot Weather Plan	<input type="checkbox"/>	<input type="checkbox"/>	Cylinder Storage
<input type="checkbox"/>	<input type="checkbox"/>	Supervisor Binder / Key Policies	<b>Y</b>	<b>N</b>	<b>TCP</b>	<input type="checkbox"/>	<input type="checkbox"/>	Good Operating Conditions (no leaks, etc...)
<input type="checkbox"/>	<input type="checkbox"/>	Orientation / Worker Certs	<input type="checkbox"/>	<input type="checkbox"/>	TCP Plan (Completed and Accessible)	<input type="checkbox"/>	<input type="checkbox"/>	Hazard Signs
<b>Y</b>	<b>N</b>	<b>Fire Protection</b>	<input type="checkbox"/>	<input type="checkbox"/>	Trained TCP Persons on site	<input type="checkbox"/>	<input type="checkbox"/>	Spill Kits Ready / Available
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Signal Person for Reversing and Backing Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	Ground Inspected for Stains
<input type="checkbox"/>	<input type="checkbox"/>	Fire Exits	<input type="checkbox"/>	<input type="checkbox"/>	Flagging Procedures	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Storage Cans (Above Ground)
<input type="checkbox"/>	<input type="checkbox"/>	Exit Lights / Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Signage Proper and Visible	<b>Y</b>	<b>N</b>	<b>Machinery &amp; Tools</b>
<b>Y</b>	<b>N</b>	<b>Hazardous Substances</b>	<b>Y</b>	<b>N</b>	<b>Housekeeping</b>	<input type="checkbox"/>	<input type="checkbox"/>	Tool Guards in Place
<input type="checkbox"/>	<input type="checkbox"/>	MSDS Sheets	<input type="checkbox"/>	<input type="checkbox"/>	Storage and Piling of Materials	<input type="checkbox"/>	<input type="checkbox"/>	Guarded Belts/Gears/Pulleys (Moving Parts)
<input type="checkbox"/>	<input type="checkbox"/>	WHMIS Training (Use / Hazard)	<input type="checkbox"/>	<input type="checkbox"/>	Tool Placement	<input type="checkbox"/>	<input type="checkbox"/>	Safety Signs
<input type="checkbox"/>	<input type="checkbox"/>	Labelling	<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness of Trucks / Equip.	<input type="checkbox"/>	<input type="checkbox"/>	Ladders / Scaffolds (Proper / Inspected)
<input type="checkbox"/>	<input type="checkbox"/>	All Spills Cleaned Up	<input type="checkbox"/>	<input type="checkbox"/>	Stairs / Aisles / Floors / Decks	<input type="checkbox"/>	<input type="checkbox"/>	Lock Out Procedures Followed
<input type="checkbox"/>	<input type="checkbox"/>	Proper Storage (Flammables / Hazardous Items)	<input type="checkbox"/>	<input type="checkbox"/>	Doors and Walkways Clear	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance is Appropriate
<b>Y</b>	<b>N</b>	<b>Vehicles &amp; Equipment</b>	<input type="checkbox"/>	<input type="checkbox"/>	Work Surfaces	<b>Y</b>	<b>N</b>	<b>Security</b>
<input type="checkbox"/>	<input type="checkbox"/>	Operator Daily Inspections	<input type="checkbox"/>	<input type="checkbox"/>	Waste Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	Fencing / Barricading
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment Bi-Weekly	<input type="checkbox"/>	<input type="checkbox"/>	Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Equipment
<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<b>Y</b>	<b>N</b>	<b>Environmental Factors</b>	<b>Y</b>	<b>N</b>	<b>Other / Misc</b>
<input type="checkbox"/>	<input type="checkbox"/>	Flares / Reflective Triangles / Cones	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Lighting	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Secured	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	Noise Levels -85DB	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Grab Handles	<input type="checkbox"/>	<input type="checkbox"/>	Air Quality	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Buckets & Mechanisms	<input type="checkbox"/>	<input type="checkbox"/>	Dust Suppression	<input type="checkbox"/>	<input type="checkbox"/>	_____
			<input type="checkbox"/>	<input type="checkbox"/>	Noise Complaints			



# Site Inspection Form

## Worker Contact/Observations

Minimum of two worker contacts and one observation – This will help supervisors be aware of more than just physical surroundings and allows for employee feedback- Also opportunity for supervisors to ensure worker understanding of safety processes – example ask worker questions like – Do you know what to do in case of accident? Etc) Make note of positive safety practices

Name	Contact (Verbal / Observed)	Question / Observation	Worker Response	PPE (Consider the condition and effectiveness)	Action Required	Responsible

## Detailed Report / Corrective Actions

No.	Problem / Concern	Action Taken / to Take	Responsible	Target Completion Date	Repeat Item?
1.					
2.					
3.					
4.					
5.					

## Additional Comments:

<b>Inspection Completed By:</b>	<b>Signature:</b>