

Spot Check Safety

Company name: company1 Date: 2022-07-07

Employee/Consultant name: Form Loco Location: CALGARY2.0

Evaluator: Form Loco Supervisor: Alvin

WORKSITE SAFETY MANAGEMENT	Not Applicable (N/A) Unsatisfactory (U)
REVIEW	Satisfactory (S)

Hazard Identification and Control		U	S
Are equipment and vehicles inspected, and at what frequency? (Examples and documentation)			√
Is there a system for hazard assessment, reporting and follow-up? (Written or verbal)		√	
Comments: HAZARD COMMENT			

Rules and Work Procedure	N/A	U	S
Are there procedures for high risk or critical work? Are they available and used?			√
Are there written emergency plans available and communicated to personnel on the work site?			√
Comments: null			

Incident Reporting	N/A	U	S
Is there an Incident reporting process in place?			√
Is there a near miss/incident reporting form which includes follow-up?			√
Are incidents reported and was the problem fixed the last time there was a near miss or incident?			√
Are management and workers involved in solving the issues?			√
Comments: null			

Communication/Training		U	S
Have you received a safety orientation (When and what)			√
Are safety meetings held within the (prescribed) frequency			√
Is the appropriate training in place			√
First aid training			√
H2S training			√

WHMIS training		√
TDG training		~
Ground disturbance training		√
eGSO/ CSO training		√
Job Specific training (List any that apply)	√	
Comments: null		

Is the appropriate PPE available and being used			S
Hard Hat			√
Safety Glasses			√
Footwear			√
Protective clothing (FR coveralls, gloves, etc)			√
Hearing protection			√
Respiratory protection (Appropriate for the hazard)			√
Personal gas monitor	√		
Communication equipment	√		
Other equipment (please specify)	√		
Comments: null	_		

Safety Equipment	N/A	U	S
Is the appropriate safety equipment available and being used		√	
Fire Fighting equipment (inspected, tagged, accessible, good condition)			√
Rotating equipment guards			√
First aid kit			√
Fall Arrest equipment (Ladders, steps, harness, lanyards, etc.)			√
Emergency Shut down and Alarm Systems (positive air shutoffs, backup alarms, etc.)			√
Other (Specify)	√		
Comments:	•		

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Discrepancies / Notes

Description	Details
Are equipment and vehicles inspected, and at what frequency?	TEST SAT HAZARD
Is there a system for hazard assessment, reporting and follow-up?	TEST HAZARD UNSACT
Is the appropriate safety equipment available and being used	TEST SAFETY E UNSACT
Have you received a safety orientation (When and what)	COMM TRAIN CERT

Corrective Actions

Description	Details	Date Requested	Date Completed	Person Responsible
No corrective ac	tions			

Conducted by Signature: Alvin Date: 2022-07-07

Messages

to: Alvin

date: 7/6/2022 8: 26: 35 PM from: Form Loco

message: Spot Check Safety completed for company1

CALGARY1