

Spot Check Safety

Company name: formloco

Date: 2022-04-12

Employee/Consultant name: Brock Clayton

Location: formloco HQ

Evaluator: Form Loco

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

| Hazard Identification and Control | N/A | U | S |
|---------------------------------------------------------------------------------------------|-----|---|---|
| Are equipment and vehicles inspected, and at what frequency? (Examples and documentation) | | | ✓ |
| Are there written emergency plans available and communicated to personnel on the work site? | | | ✓ |
| Comments null | | | |

| 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? (Briefly explain) | | | |
| 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 | N/A | U | S |
|----------------------------------------------------------------------|-----|---|---|
| Have you received a safety orientation (When and what) | | | |
| How often are safety meetings held (Show examples and documentation) | | | |
| 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 | N/A | U | S |
|---------------------------------------------------------|-----|---|---|
| appropriate PPE available | | | |
| Hard Hat | | | |
| Safety Glasses | | | |
| Footwear | | | |
| Protective clothing (FR coveralls, gloves, etc) | | | |
| Hearing protection | | | |
| Respiratory protection (Appropriate for the hazard) | | | |
| Personal gas monitor | | | |
| Communication equipment | | | |
| Job Specific training (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 null | | | |

Conducted by Signature: Form Loco

Date: To be determined

Messages

date: 4/11/2022

10: 00: 46 PM

message: Created by brock@formloco.com