

Spot Check Safety

Company name: Comapny anme

Date: 2022-07-22

Employee/Consultant name: Form Loco

Location: calgary

Evaluator: Form Loco

Supervisor: Alvin

WORKSITE SAFETY MANAGEMENT REVIEW	Not Applicable (N/A) Unsatisfactory (U) Satisfactory (S)
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Hazard Identification and Control	N/A	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 TEST			

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: RULES TEST COMMENT			

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: COMMENT INCIDENT			

Communication/Training	N/A	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: COMM COMMENT TEST			

Personal Protective Equipment	N/A	U	S
Is the appropriate PPE available and being used			✓
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: PPE COMMNET			

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: TEST COOMMEENNTTT			

Notes

Description	Details
InspectionFrequency: Are equipment and vehicles inspected, and at what frequency?	GOOD COMMENT RTEST
SafetyOrientation: Have you received a safety orientation (When and what)	GOOD COMMENT TEST

Discrepancies

Description	Details
Is there a system for hazard assessment, reporting and follow-up?	BAD COMMENT TEST
Are there procedures for high risk or critical work? Are they available and used?	BAD COMMENT TEST 2
Are management and workers involved in solving the issues?	BAD COMM TEST 3
Communication & Training	BAD COMMENT TEST TRAIN
Communication equipment	BAD COMMENT TEST

Corrective Actions

Description	Details	Date Requested	Date Completed	Person Responsible
No corrective actions				

Conducted by Signature: Form Loco

Date Signed: 7/22/2022, 12:04:34 PM

Messages

to: Alvin

date: 7/22/2022

1: 16: 16 PM

from: Form Loco

message: Spot Check Safety completed for Comapny anme calgary