

Spot Check Safety

Company name: 321

Date: 2022-07-23

Employee/Consultant name: Form Loco

Location: 321

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:			

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:			

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:			

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:			

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:			

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:			

Notes

Description	Details
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Discrepancies

Description	Details
Are equipment and vehicles inspected, and at what frequency?	test 1

Corrective Actions

Description	Details	Date Requested	Date Completed	Person Responsible
No corrective actions				

Conducted by Signature: Form Loco

Date Signed: To be determined

Messages

to: Alvin
date: 7/22/2022
7: 02: 48 PM
from: Form Loco
message: Spot Check Safety completed for 321
321