

Spot Check Safety

Company name: asdasd

Date: 2022-06-17

Employee/Consultant name: Brock Clayton

Location: asdas

Evaluator: Form Loco

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) ddfdfdf			✓
Are there written emergency plans available and communicated to personnel on the work site? [object Object]			
Comments			

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

Incident Reporting	N/A	U	S
Is there an Incident reporting process in place? (Briefly explain) [object Object]			
Is there a near miss/incident reporting form which includes follow-up? [object Object]			
Are incidents reported and was the problem fixed the last time there was a near miss or incident? [object Object]			
Are management and workers involved in solving the issues? [object Object]			
Comments			

Communication/Training	N/A	U	S
Have you received a safety orientation (When and what) [object Object]			
How often are safety meetings held (Show examples and documentation) [object Object]			
Is the appropriate training in place [object Object]			✓
First aid training [object Object]			

H2S training [object Object]			
WHMIS training [object Object]			
TDG training [object Object]			
Ground disturbance training [object Object]			
eGSO/ CSO training [object Object]			
Job Specific training (List any that apply) [object Object]			
Comments			

Is the appropriate PPE available and being used	N/A	U	S
appropriate PPE available [object Object]			
Hard Hat [object Object]			
Safety Glasses [object Object]			
Footwear [object Object]			
Protective clothing (FR coveralls, gloves, etc) [object Object]			
Hearing protection [object Object]			
Respiratory protection (Appropriate for the hazard) [object Object]			
Personal gas monitor [object Object]			
Communication equipment [object Object]			
Job Specific training (Other equipment (please specify) [object Object]			
Comments			

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

Conducted by Signature: Form Loco

Date: To be determined

Messages

date: 6/17/2022

6: 18: 13 AM

message: Created by brock@formloco.com