

Spot Check Safety

Company name: 321

Date: 2022-07-22

Employee/Consultant name: Form Loco

Location: 321

Evaluator: Form Loco

Supervisor: Alvin

| | |
|-----------------------------------|-------------------------------------------------------------|
| 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) | | ✓ | |
| Is there a system for hazard assessment, reporting and follow-up? (Written or verbal) | | | ✓ |
| 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? | | | ✓ |
| 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) | | | ✓ |
| 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 | | | |

| 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: 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: GOOD TEST 5 null | | | |

Notes

| Description | Details |
|---------------------------------------------------------------------------|---------------------|
| SafetyOrientation: Have you received a safety orientation (When and what) | TEST COMMENT 2 GOOD |
| JobSpecificTraining: Job Specific training (List any that apply) | GOOD TEST 3 |
| OtherEquipment: Other equipment (please specify) | GOOD TEST 4 |
| Other: Other (Specify) | GOOD TEST 5 |

Discrepancies

| Description | Details |
|--------------------------------------------------------------|-----------|
| Are equipment and vehicles inspected, and at what frequency? | TEST BAAD |

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: 7/20/2022
5: 57: 34 PM
from: Form Loco
message: Spot Check Safety completed for 321
321