

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: GOOD TEST 5			

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
to: Form Loco
date: 7/22/2022
4: 01: 53 PM
from: Alvin
message: test from Alvin to FORM
to: Alvin
date: 7/22/2022
4: 16: 13 PM
from: Form Loco
message: tes from FORM to ALVIN