

# Spot Check Safety

Company name: comapny name

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)
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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 comment			

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 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: incident comment			

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: commtrain comment			

<b>Personal Protective Equipment</b>	<b>N/A</b>	<b>U</b>	<b>S</b>
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 comment			

<b>Safety Equipment</b>	<b>N/A</b>	<b>U</b>	<b>S</b>
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: equip test			

## Notes

Description	Details
InspectionFrequency: Are equipment and vehicles inspected, and at what frequency?	hazard test good comment
SafetyOrientation: Have you received a safety orientation (When and what)	commtrain good test

## Discrepancies

Description	Details
Is there a system for hazard assessment, reporting and follow-up?	hazard bad comment
Are there written emergency plans available and communicated to personnel on the work site?	rules bad comment
Are management and workers involved in solving the issues?	incident bad comment
Communication & Training	comm train BAD
Communication equipment	ppe bad test
Emergency Shut down and Alarm Systems (positive air shutoffs, backup alarms, etc.)	equip bad test

## 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

1: 43: 45 PM

from: Form Loco

message: Spot Check Safety completed for comapny name

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