

Spot Check Safety

Company name: brock@formloco.com

Date: 2022-02-11

Employee/Consultant name: Brock Clayton

Location: asasasas

Evaluator: Form Loco

Location: asasasas

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)	√		
Are there written emergency plans available and communicated to personnel on the work site?	√		
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? (Briefly explain)	√		
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)	√		
How often are safety meetings held (Show examples and documentation)	√		
First aid training	√		
H2S training	√		
WHMIS training	√		
TDG training	√		
Ground disturbance training	√		

eGSO/ CSO training	√		
Job Specific training (List any that apply)	√		
Comments			

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

Corrective action required:

null

Date for corrective actions to be completed:

null

Person(s) responsible for corrective actions:

null

Date corrective actions were complete

null

Signature of person responsible

null

Conducted by Signature: Form Loco

Date: To be determined

Messages

message: Meaningful Site Tour created by brock@formloco.com