

Spot Check Safety

Company name: test Date: 2022-03-24

Employee/Consultant name: Brock Clayton Location: te

Evaluator: formloco

| WORKSITE SAFETY MANAGEMENT | Not Applicable (/N/A) Unsatisfactory (U) |
|----------------------------|--|
| REVIEW | Satisfactory (S) |

| 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 undefined | | | |

| 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 undefined | | | |

| 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 undefined | | | |

| Communication/Training | | U | S |
|--|--|---|---|
| Have you received a safety orientation (When and what) | | | |
| How often are safety meetings held (Show examples and documentation) | | | |
| 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 undefined | | |

| 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 undefined | | | |

| 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 undefined | | | |

Conducted by Signature: formloco Date: undefined

Messages

date: 2022-03-24T10: 04: 46.003Z

message: Updated by Brock Clayton



