

Spot Check Safety

Company name: sdfsdf Date: 2022-06-17

Employee/Consultant name: Brock Clayton Location: sdfsd

Evaluator: Form Loco

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) [object Object]			√
Are there written emergency plans available and communicated to personnel on the work site? [object Object]			
Comments null			

Rules and Work Procedure	N/A	U	S
Are there procedures for high risk or critical work? Are they available and used? [object Object]			
Are there written emergency plans available and communicated to personnel on the work site? [object Object]			
Comments null			

Incident Reporting	N/A	U	S
Is there an Incident reporting process in place? (Briefly explain) [object Object]			
Is there a near miss/incident reporting form which includes follow-up? [object Object]			
Are incidents reported and was the problem fixed the last time there was a near miss or incident? [object Object]			
Are management and workers involved in solving the issues? [object Object]			
Comments null			

Communication/Training	N/A	U	S
Have you received a safety orientation (When and what) [object Object]			
How often are safety meetings held (Show examples and documentation) [object Object]			

Is the appropriate training in place [object Object]		√
First aid training [object Object]		
H2S training [object Object]		
WHMIS training [object Object]		
TDG training [object Object]		
Ground disturbance training [object Object]		
eGSO/ CSO training [object Object]		
Job Specific training (List any that apply) [object Object]		
Comments null		

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

Safety Equipment [object Object]	N/A	U	S
Is the appropriate safety equipment available and being used [object Object]			
Fire Fighting equipment (inspected, tagged, accessible, good condition) [object Object]			
Rotating equipment guards [object Object]			
First aid kit [object Object]			
Fall Arrest equipment (Ladders, steps, harness, lanyards, etc.) [object Object]			
Emergency Shut down and Alarm Systems (positive air shutoffs, backup alarms, etc.) [object Object]			
Other (Specify) [object Object]			
Comments null			

Conducted by Signature: Form Loco Date: To be determined

Messages

date: 6/17/2022 5: 15: 18 AM

message: Created by brock@formloco.com