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| Inspection Check List for Walking Working Surface |
| Date & time of Inspection: Location of Inspection: |
| Inspected by (Name of Safety Personal): Name of Execution Person: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Is the area being assessed under construction, commissioning or operations? (circle one) |  |  |  |  |  |
| 2 | Are procedures or guidelines available to identify hazards on walking (e.g.: marked areas for walking etc.). |  |  |  |  |  |
| 3 | Does the site perform and record regular inspections (physical checks) on walking and working surfaces – access/egress? |  |  |  |  |  |
| 4 | Are walking / working surfaces in good condition so as not to be a tripping hazard? |  |  |  |  |  |
| 5 | Are unsafe walking and working areas clearly identified? |  |  |  |  |  |
| 6 | Are personnel trained to identify walking and working surface hazards? |  |  |  |  |  |
| 7 | Are good housekeeping practices followed? |  |  |  |  |  |
| 8 | Are personnel trained in the use of safety equipment required for working surfaces? |  |  |  |  |  |
| 9 | When work is being done on walking / working surfaces are measures taken to keep sparks, slag, materials or tools from descending on personnel / equipment below? |  |  |  |  |  |
| 10 | In construction areas, are holes / voids in walking / working surfaces adequately barricaded, covered or constantly attended? |  |  |  |  |  |
| 11 | Does adequate lighting, exist at all working and walking surfaces? |  |  |  |  |  |
| 12 | Is pedestrian access or thru ways clearly marked? |  |  |  |  |  |

Checked By ………………………………………………………………… Date……………………………………

Signature:

HSE Officer Superintendent /Foreman