

ASSURANCE CONSTRUCTION & SERVICES

I-2 WORK SITE SAFETY INSPECTION

LOCATION:		DATE: INSPECTED BY:										
	s list to help you identify potentially conditions in your work area: Buildings & Structures, Windows, Floors, Doors, Stairs Elevators, Escalators, Man-Lifts Aisles, Work Surfaces Lighting Electrical Cords, Wiring Exits, Alarms, Emergency Lighting, Drills Fire Protection Equipment Fall Protection Equipment/Safety	 Heating & Cooling Sanitation Storage Facilities/Areas Bulletin Board Atmosphere & Ventilation Toxic Material Storage/Labels Flammables Pressure Vessels, Inspection Material Handling Equipment Containers Tools and Equipment, Guards Ladders, Scaffolds 	-	Vehicles First Aid, Contents, Training PPE Operator Authorization Warning Signs, Labels Safe Work Practices Proper Lifting Housekeeping Maintenance Safety Training/Job Procedures Smoking Locker & Lunch Room	Fire Extinguishers Checked & Signed Off: Yes / No First Aid Kits Checked: Yes / No							
Item #	Location	Hazard(s) Observed	Priority	Corrective Action		Date/Time Completed	By Whom (Print Name)					
Comm	***PRIORITY INDEX *** 1. MINOR 2. SERIOUS 3. IMMINENT DANGER Comments:											
Super	visor's Signature:		Date:									
Reviewed by: Reviewed by:												
Print: Title:		Print:		Title:								
		Sign:										