

## Monthly Jobsite Safety Inspection

(To Be Performed Superintendent and Safety Director if Present)

Jobsite Information & Documentation		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
1	OSHA and other necessary postings in place	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Company Safety Manual on site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	SDS files available in trailer on site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Housekeeping, Sanitation, First Aid		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4	Toilet facilities adequate and clean	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Jobsite housekeeping acceptable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	First aid supplies available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Emergency phone numbers posted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Environmental Health		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8	Subcontractors have written program on site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	SDS available for all hazardous chemicals on site	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	Concrete grinding, sawing, breaking performed wet	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	Respirators worn when exposed to concrete/mortar dust	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Respirators worn & used properly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Lighting adequate in all work areas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Fire Prevention		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14	Safety cans used for storage of flammable liquids	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15	Adequate number of fire extinguishers available	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
16	Fire extinguishers sealed and inspected (check date tags)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17	Fire extinguishers near torch and welding work	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18	Gas cylinders stored upright with caps in place	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
19	Oxygen and fuel gas cylinders stored separately	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20	Gas cylinders secured to prevent them from tipping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21	Combustibles removed from torch or welding areas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
22	Fire extinguisher located near "hot" kettles	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23	Flammable liquid storage compliance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Personal Protective Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24	All person on site wearing hard hats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25	Eye protection used with saws, grinding, chipping, etc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
26	Shoes/boots appropriate and in good condition	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27	Welding/burring goggles used	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Tools		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
28	Power tools, saws, etc. equipped with proper guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Blades of power saws properly installed and undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Cases on double insulated tools intact and not cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Handles on tools in good condition and not cracked or taped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Hand tools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Tools in need of repair are removed from jobsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical Safety		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
34	All electrical tools/equipment grounded or double insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	All overhead electrical hazards identified, posted, protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Ground fault protection (GFCI) available/used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Extension and equipment cords in good condition and have proper color coding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Temporary lighting hung from the baskets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scaffolding		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
39	Scaffolding secure, level and plumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Are all legs properly braced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Are all working platforms fully planked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Planks overlap 6-8inches on end frames or have end cleats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Planks overlap each other at least 12 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Guard rails on all scaffold platforms over 10 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Toe boards on all working platforms of scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Is the height/width ratio acceptable or is the scaffold properly secured to the structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Cross bracing properly installed on scaffold (rolling scaffold needs to be fully braced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Casters on rolling towers locked when set in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Fall protection worn in boom trucks and lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fall Protection		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
50	Guard rails installed on all open sides/floors with 6 feet fall exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Guard rails sound and free of obvious defects & strong enough to withstand 200#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Holes in floors/roofs protected by adequate covers or guard rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Workers using fall protection equipment when exposed 6 feet fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Anchor point sufficient for fall protection equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Fall protection equipment free of excessive wear, cuts, defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	Window openings less than 39 inches protected by guard rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Warning line systems used for flat roofing work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Guard rail systems used at "hot" pipe and hoist areas on roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Skylights protected by guard rails or covers on roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Safety monitors used for workers outside of warning line system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Workers laying brick overhand in a controlled access zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Work areas below barricaded to protect from fall materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cranes		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
63	Cranes equipped with load charts or indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Swing radius of crane barricaded or protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Operators manual available in cab or crane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Outriggers of crane fully extended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Rigging properly secured and free of defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Safety latch in place on crane hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Crane operated no closer than 10 feet from overhead power lines less than 50 kV, check OSHA guidelines if more than 50 kV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Excavations		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
70	Excavations greater than 5 feet deep use protective system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Protective system/sloping adequate for soil type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Spoil piles kept at least 2 feet from edge of excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Water removed from excavation prior to entry by employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	Subcontractor has "competent person" on site at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	Shoring and trench shields used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Stairways and Ladders		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
76	Ladders extend at least 3 feet above landing areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	Ladders secured to the structure to prevent tipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	Ladders in good condition and free of defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	Non-metal ladders used for electrical hazards/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	Stairs/temporary stairs provided with handrail/stair rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	Metal pan stairs filled flush with wood/material until complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	Stairs free of construction debris, electrical cords, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	Platforms/landings allow 20 inches more than door swing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For any NO answers, describe corrections taken.**


Date: \_\_\_\_\_

Jobsite Location: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Signature: \_\_\_\_\_