



OSHA Inspection Checklist

Initial Actions		YES	NO
1	Did OSHA Inspector check in with superintendent/project manager before starting inspection?	<input type="checkbox"/>	<input type="checkbox"/>
2	Require OSHA Inspector to show identification before allowing inspection.	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Inspector:		
	Inspector's phone number:		
3	Contact Beeler Construction Safety Director.	<input type="checkbox"/>	<input type="checkbox"/>
4	Ask OSHA Inspector purpose of inspections.		
	Scheduled "U-Tenn" Inspection.	<input type="checkbox"/>	<input type="checkbox"/>
	Dodge Reports.	<input type="checkbox"/>	<input type="checkbox"/>
	Complaint? Nature of complaint:	<input type="checkbox"/>	<input type="checkbox"/>
	Drive By? Nature of concern:	<input type="checkbox"/>	<input type="checkbox"/>
	Accident? Nature of the accident:	<input type="checkbox"/>	<input type="checkbox"/>
5	Request that OSHA Inspector wait until company safety director arrives.	<input type="checkbox"/>	<input type="checkbox"/>
6	Do not allow OSHA Inspector to proceed with inspection until safety director, supervisor or project manager arrives.	<input type="checkbox"/>	<input type="checkbox"/>

Opening Conference		YES	NO
7	Show the Inspector a copy of the Beeler Construction Safety Manual .	<input type="checkbox"/>	<input type="checkbox"/>
8	If the Inspector insists on a jobsite inspection, request a Focused Inspection .	<input type="checkbox"/>	<input type="checkbox"/>
9	If the Inspector denies a Focused Inspection, ask why Focused Inspection denied .	<input type="checkbox"/>	<input type="checkbox"/>
10	Ask the Inspector approximately how long the inspection will take.	<input type="checkbox"/>	<input type="checkbox"/>

Jobsite Inspection		YES	NO
11	Accompany Inspector at all times during inspection.	<input type="checkbox"/>	<input type="checkbox"/>
12	Take notes that detail the Inspector's questions and yours and other's responses.	<input type="checkbox"/>	<input type="checkbox"/>
13	Do not permit the Inspector to enter potentially dangerous areas .	<input type="checkbox"/>	<input type="checkbox"/>
14	Did the Inspector interview workers at the jobsite?	<input type="checkbox"/>	<input type="checkbox"/>
	Subcontractor and worker name:		
	Subcontractor and worker name:		
	Subcontractor and worker name:		
	Subcontractor and worker name:		
	Subcontractor and worker name:		
	Subcontractor and worker name:		
15	Take photos of everything the Inspector photographs from same/different angles.	<input type="checkbox"/>	<input type="checkbox"/>
16	If a Focused Inspection, limit the Inspector to questions regarding falls, electrical, excavations (caught between) and stick hazards .	<input type="checkbox"/>	<input type="checkbox"/>
17	If violations are noted have them corrected immediately and in front of the Inspector .	<input type="checkbox"/>	<input type="checkbox"/>
	Violation/Correction:		



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	Violation/Correction:		
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	Violation/Correction:		
Closing Conference		YES	NO
18	Did the Inspector advise of any violations involving Beeler Construction?	<input type="checkbox"/>	<input type="checkbox"/>
19	List violations and the corresponding OSHA Standard No. Example: 1926.45 (a)(2)(ii)		
	Violation: Standard No.:		
20	Did the Inspector advise of any violations involving subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
21	Indicate subcontractor and list violations and the corresponding OSHA Standard No.		
	Subcontractor:		
	Violation: Standard No.:		
	Subcontractor:		
	Violation: Standard No.:		
	Subcontractor:		
	Violation: Standard No.:		



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OSHA INSPECTION REPORT

Inspection Date/Time: _____

Pre-Inspection	YES	NO
Person and title contact by OSHA:		
Did inspector show his credentials? If no, why?	<input type="checkbox"/>	<input type="checkbox"/>
Names of OSHA inspectors and their office area:		
Reason for the inspection:		
Employee complaint? (If yes, attach copy. OSHA is required by law to provide a copy).	<input type="checkbox"/>	<input type="checkbox"/>
Scheduled inspection?	<input type="checkbox"/>	<input type="checkbox"/>
Other (comment)	<input type="checkbox"/>	<input type="checkbox"/>
Opening Conference		
Names of contractors, their representatives and titles (or attach list):		
Inspection Tour	YES	NO
Who from Beeler Construction accompanied the OSHA inspector?		
Who else joined the OSHA inspection group?		
Did the inspector take any photographs?	<input type="checkbox"/>	<input type="checkbox"/>
Did Beeler Construction take any photographs?	<input type="checkbox"/>	<input type="checkbox"/>
Were safety hazards and unsafe acts observed? If yes, what were they and who had responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
Was immediate corrective action taken? If no, why?	<input type="checkbox"/>	<input type="checkbox"/>
Special comments regarding inspection:		
Closing Conference	YES	NO
Did OSHA hold closing conference with Beeler Construction?	<input type="checkbox"/>	<input type="checkbox"/>
With other contractors?	<input type="checkbox"/>	<input type="checkbox"/>
Names of contractors, their representatives and titles (or attach list):		
What alleged OSHA violations were discussed and with whom (or attach list):		
<p>At the closing conference, it is very important to establish which citations rightfully belong to Beeler Construction versus other companies. When citations are incorrectly assigned, Beeler Construction is forced to spend unnecessary time and money contesting them.</p> <p>This OSHA Inspection Report is to be started at the beginning of and completed immediately after an OSHA inspection.</p>		



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Beeler Construction Confined Space Entry Permit

Why can't this be considered an Alternative Entry?

It is company policy NOT to enter into a confined space when Atmospheric hazards are not controllable

Location: _____	Type of Space: <input type="checkbox"/> Sewer <input type="checkbox"/> Other: _____
Reason for Entry: _____	
<i>Note: This permit SHALL be posted at the entry point "Per OSHA"</i>	

Atmospheric Hazards: <input type="checkbox"/> Oxygen deficiency (less 19.5) <input type="checkbox"/> Oxygen enrichment (Greater 23.5%) <input type="checkbox"/> Combustible gas <input type="checkbox"/> Flammable gas (below 10%) <input type="checkbox"/> Toxic contaminants <input type="checkbox"/> Other: _____ <i>If atmospheric hazards are not controllable "Do not enter" the confined space</i>	Physical Hazards: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Heat <input type="checkbox"/> Chemical/Biological <input type="checkbox"/> High Noise <input type="checkbox"/> Low visibility <input type="checkbox"/> Long distance to exit <input type="checkbox"/> Slips, trips and falls <input type="checkbox"/> Other: _____	Hazard Controls: <input type="checkbox"/> Ventilation <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Chemical/Biological <input type="checkbox"/> Purging <input type="checkbox"/> Barriers/Guardrails <input type="checkbox"/> Fall Protection <input type="checkbox"/> Other: _____ <i>The policy will not require workers to enter a confined space if respirators are required.</i>
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Date: _____	Time Entering: _____	Time Canceled: _____ Why Canceled: _____
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Estimate Time of Entry Operations: _____ (When time is expired permit is canceled and operation shall cease)

Employee Signatures: (Entering= E) (Attendant= A) (Trained to Enter=T)

1. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T	2. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T	3. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T
4. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T	5. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T	6. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T
7. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T	8. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T	9. _____ <input type="checkbox"/> E <input type="checkbox"/> A <input type="checkbox"/> T

Atmospheric Testing (Gas monitor shall be inside the confined space & continuously monitoring the air quality)

Date of Monitor Last Calibration: _____ **Type of Gas Monitor:** _____

Pre-Entry Testing Time Tested: _____ Oxygen _____ CO2 _____ LEL _____ H2S _____ <i>If any of the above is present in the space, DO NOT Enter. Contact management and owner of the confined space</i>	Continues Testing Time Ended Testing: _____ Oxygen _____ CO2 _____ LEL _____ H2S _____ <i>If detected exit space! Enter the reading(s).</i> Tester's Signature: _____
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Ventilation Equipment (Provide continues ventilation)

Type: Forced Exhausted Confined Space Blower CFM: _____ Confined Space Size: _____

Estimated Approximate Purge Time: _____

Communication Procedures

Radio Visual Voice Rope Signal Phone
Other : _____

PPE: Coveralls Tyvek® suit Leather gloves Chemical resistant gloves Eye protection Hard Hat
 Hearing protection Safety shoes/boots Harness/lifeline & Tripod/winch Other: _____

Traffic Control: Barricades Vests Flags Signs

Rescue Team Phone Number: _____ **Rescue Team Name and address:** _____
_____ **Name of Person Who Was Contacted:** _____