

Date _____ Auditor _____

1) PERSONAL PROTECTIVE EQUIPMENT

1. SAFETY GLASSES / EYE PROTECTION
2. HARD HAT
3. GLOVES
4. RESPIRATORY PROTECTION
5. HEARING PROTECTION
6. SAFETY SHOES
7. TYVEK COVERALLS
8. HARNESS & LANYARD

	YES	NO	N/A
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2) CHEMICAL USAGE / STORAGE

1. CONTAINERS PROPERLY LABELED
2. MSDS AVAILABLE

1.			
2.			

3) LOCKOUT / TAGOUT

1. LOCKOUT
2. ALL EMPLOYEE LOCKS IN PLACE
3. ALL PERSONNEL TAGS HAVE PHOTOS
4. PAPER WORK COMPLETED

1.			
2.			
3.			
4.			

4) ELECTRICAL

1. EXTENTION CORDS IN GOOD CONDITION
2. GROUNDING (GFCI)

1.			
2.			

5) LADDERS & SCAFFOLDS

1. USED SAFELY
2. GOOD CONDITION
3. LADDERS SECURED & TIED OFF
4. SCAFFOLD RAILINGS & TOEBOARD
5. SCAFFOLD BOARDS CLEATED

1.			
2.			
3.			
4.			
5.			

6) ELEVATED WORK AREAS

1. FALL PROTECTION IN USE (6 FOOT RULE)
2. TIED OFF TO BOOM LIFTS

1.			
2.			

7) CONFINED SPACE

1. ENTRY PERMIT
2. CONFINED SPACE TRAINING
3. AIR SAMPLING COMPLETED
4. COMMUNICATION EQUIPMENT AVAILABLE
5. BUMP TEST FOR AIR MONITOR

1.			
2.			
3.			
4.			
5.			

8) GENERAL SAFETY

1. GOOD HOUSE KEEPING
2. ACCESS TO WORK AREAS CONTROLLED
3. CLEAR WALKWAYS & UNOBSTRUCTED EXITS
4. UNSAFE EQUIPMENT TAGGED & TAKEN OUT OF SERVICE
5. WAS THERE A PRE-SAFETY MEETING

1.			
2.			
3.			
4.			
5.			

COMMENTS _____
