Company Name_____

SITE SAFETY INSPECTION & HAZARD ASSESSMENT FORM

Inspected By: _____ **Job Location/No:** _____

Date: _____ **Time:** _____ **No. of Employees:** _____

SITE ACCESS	✓	×	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Clean level ground	❑	❑	❑		
Adequate ramps	❑	❑	❑		
Adequate stairs	❑	❑	❑		
Adequate ladders	❑	❑	❑		

SIGNS & PRINT MATERIAL	✓	×	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
MSDS'	❑	❑	❑		
Warning Signs	❑	❑	❑		
Emergency phone list	❑	❑	❑		
Products properly labeled	❑	❑	❑		

DOCUMENATION	✓	×	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Fall Protection plan	❑	❑	❑		
Confined Space Permit	❑	❑	❑		
Other permits (NOP)	❑	❑	❑		
Hazard Assessment Form	❑	❑	❑		

WORKER TRAINING	✓	×	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
WHMIS	❑	❑	❑		
Safety Orientation	❑	❑	❑		
Transportation of Dangerous Goods (TDG)	❑	❑	❑		
Fall Protection	❑	❑	❑		
Confined Space	❑	❑	❑		
Asbestos training	❑	❑	❑		

PROTECTIVE EQUIPMENT		✓	×	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Hard hats	Worn	❑	❑	❑		
Foot protection	Worn	❑	❑	❑		
Fall protection	Worn	❑	❑	❑		
Skin protection	Worn	❑	❑	❑		
	Available	❑	❑	❑		
Eye & Face protection		❑	❑	❑		
	Worn					
	Available	❑	❑	❑		
Hearing protection	Worn	❑	❑	❑		
	Available	❑	❑	❑		
Respiratory protection		❑	❑	❑		
	Worn					
	Available	❑	❑	❑		

HOUSEKEEPING	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Clear Walkways	❑	❑	❑		
Organized Equipment	❑	❑	❑		
Clear access & landing	❑	❑	❑		
Debris & garbage cleared	❑	❑	❑		

LADDERS	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Secured	❑	❑	❑		
Proper angel (extension)	❑	❑	❑		
Proper size & type	❑	❑	❑		
Proper hand rail and landings	❑	❑	❑		
Non-slip bases					

FALL PROTECTION	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Properly worn	❑	❑	❑		
Unprotected openings/edges	❑	❑	❑		
Working from: Ladders	❑	❑	❑		
Scaffolds	❑	❑	❑		
Aerial Lifts	❑	❑	❑		

FIRE PROTECTION	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Extinguishers where required	❑	❑	❑		
Fully charged & well marked	❑	❑	❑		
Emergency Response plan	❑	❑	❑		

POWER TOOLS & EQUIPMENT	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
General conditions	❑	❑	❑		
Proper guards, cords & PPE	❑	❑	❑		
Tagging as 'defective'	❑	❑	❑		

EXTENSION CORDS	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
General condition of casing, ends & connections	❑	❑	❑		

FIRST AID REQUIREMENTS	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Adequate number of first aiders onsite	❑	❑	❑		
First aid kit available & with required contents	❑	❑	❑		

CONFINED SPACES	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Proper access	❑	❑	❑		
Air testing completed before entry	❑	❑	❑		
Safety harness, lifeline	❑	❑	❑		
Man watch/hole watch	❑	❑	❑		
Entry Permit	❑	❑	❑		
Air monitoring (personal)	❑	❑	❑		

HYGIENE	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Cleanliness of facilities	❑	❑	❑		
Washroom facilities available	❑	❑	❑		
Fresh water available	❑	❑	❑		

MATERIALS STORAGE	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Properly located	❑	❑	❑		
Safely piled, stacked, bundled	❑	❑	❑		
Properly moved or lifted	❑	❑	❑		

GUARDRAILS/BARRICADES	✓	✗	N/A	NOTES/CORRECTIVE ACTION	DATE COMPLETED
Located where required	❑	❑	❑		
Properly constructed	❑	❑	❑		
Adequately secured	❑	❑	❑		

SITE INSPECTION REVIEW BY: Sites Crew Leader or Representative

Name ***Signature***

DAILY CREW REVIEW & SIGN OFF

NAME	SIGNATURE