JOB OPTIONS, INC.
SITE INSPECTION – SAFETY CHECKLIST

Site: _____ **Date:** _____ **Time:** _____

Project Manager: _____ **Inspector(s):** _____

EMPLOYER POSTINGS / RECORD-KEEPING:

YES	NO	N/A		
☐	☐	☐	1.	OSHA Poster "**Job Safety and Health – It's the Law!**" is displayed. in a location readily accessible to all employees.
☐	☐	☐	2.	**Emergency phone numbers** posted where they can be found in case of emergency.
☐	☐	☐	3.	**Safety Data Sheets** binder is on-site and readily accessible to employees during all work shifts.
☐	☐	☐	4.	"**Days Since Accident**" sign up and up-to-date.
☐	☐	☐	5.	Safety Concern Cards displayed and stocked and available for employee use.
☐	☐	☐	6.	**OSHA Form 300A**, Summary of Work-Related Injuries & Illnesses posted Feb 1st thru April 30th. (A copy must kept on file for five (5) years)
☐	☐	☐	7.	**Safety Binder** on-site, well-organized & replenished with appropriate up to date reporting forms.
☐	☐	☐	8.	**Reporting Injury/Incident procedure** is displayed an readily accessible to all Employees.
☐	☐	☐	9.	**Monthly Safety Training-** Training is up to date and submitted to safety department.

MEDICAL SERVICE & FIRST AID:

YES	NO	N/A		
☐	☐	☐	1.	Occupational Health clinic and hospital locations displayed. (Maps with locations)
☐	☐	☐	2.	First aid kit easily accessible.
☐	☐	☐	3.	First aid kit well supplied and in good condition. (Inspected monthly and inspection documented)
☐	☐	☐	4.	Eye wash station provided in areas where corrosive chemicals are handled.
☐	☐	☐	5.	Eye wash station has proper signs and instructions, tested on a weekly basis.

FIRE PROTECTION:

YES	NO	N/A		
☐	☐	☐	1.	Fire extinguishers provided in adequate number and type. Class A (Ordinary combustible material fires) Class B (Flammable liquid, gas, or grease fires) Class C (Energized electrical equipment fires)
☐	☐	☐	2.	Fire extinguishers are properly mounted, clearly identified, readily accessible, and free from obstructions at all times.
☐	☐	☐	3.	Fire extinguishers are fully charged and the annual date of recharge is noted on the inspection tag.
☐	☐	☐	4.	Fire extinguishers inspected monthly and noted on the inspection tag.
☐	☐	☐	5.	All exits free of obstruction and easily accessible.

PERSONAL PROTECTIVE EQUIPMENT (PPE):

YES	NO	N/A		
☐	☐	☐	1.	PPE (nitrile gloves, goggles, etc.) is available, in good condition, and being properly used.
☐	☐	☐	2.	Appropriate foot protection worn where necessary.
☐	☐	☐	3.	Protection against the effects of occupational noise available (ear plugs) where necessary.
☐	☐	☐	4.	Hard hats (where necessary) inspected periodically for damage to the shell and suspension system.
☐	☐	☐	5.	Employees trained on PPE selection, use, limitations, cleaning, and replacement.

GENERAL WORK ENVIRONMENT:

YES	NO	N/A	
☐	☐	☐	1. All work areas are clean and orderly.
☐	☐	☐	2. All work areas are properly illuminated. Light switches and cover plates are in place.
☐	☐	☐	3. Aisles and passageways kept clear.
☐	☐	☐	4. Materials/equipment stored in a manner to prevent sharp projections from interfering the or obstructing the walkway.
☐	☐	☐	5. Floors are clean, orderly and free of oil, grease or other hazard.
☐	☐	☐	6. Wet floor signs are properly displayed when floor is wet or being serviced.
☐	☐	☐	7. Contents of filing cabinets arranged so that they are not top-heavy.
☐	☐	☐	8. Material on elevated surfaces piled, stacked, or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading.
☐	☐	☐	9. Employee restrooms are stocked, clean, and sanitary.
☐	☐	☐	10. Employee lounge and/or kitchen areas are clean and sanitary.
☐	☐	☐	11. Electrical panels are not blocked and easily accessed.

HAZARD COMMUNICATION (EMPLOYEE RIGHT-TO-KNOW):

YES	NO	N/A	
☐	☐	☐	1. Safety Data Sheets (SDS) readily available for each chemical used on site.
☐	☐	☐	2. All hazardous substance containers are labeled with product identity and hazards warning.
☐	☐	☐	3. Employees are aware of safe handling practices of hazardous chemicals present at site.
☐	☐	☐	4. All flammable liquids stored correctly.
☐	☐	☐	5. Employee have current Hazard Communication training, including Globally Harmonized System (GHS) labeling and Safety Data Sheet (SDS) requirements.

LADDERS / STEP STOOLS:

YES	NO	N/A	
☐	☐	☐	1. All ladders/step stools maintained in good condition, and inspected prior to each use.
☐	☐	☐	2. Non-slip safety feet are on each ladder/step stool.
☐	☐	☐	3. Non-slip safety treads are on each step of the ladder/step stool.
☐	☐	☐	4. Employees prohibited from using ladders/step stools that are faulty or tagged out.
☐	☐	☐	5. Management has reviewed ladders to ensure weight ratings are appropriate, and employees are able to maintain three points of contact while operating the ladders.

MACHINE GUARDING:

YES	NO	N/A	
☐	☐	☐	1. Emergency stop buttons colored red.
☐	☐	☐	2. Power shut-off switch within reach of the operator's position at each machine.
☐	☐	☐	3. Provisions made to prevent machines from automatically starting when power is restored after a power failure or shutdown.
☐	☐	☐	4. Training program to instruct employees on safe methods of machine operation.
☐	☐	☐	5. Written process in place for regular safety inspection of machinery and equipment.
☐	☐	☐	6. All equipment kept clean and properly maintained.
☐	☐	☐	7. All moving chains and gears properly guarded and not bypassed or guard removed.
☐	☐	☐	8. Equipment securely placed or anchored to prevent tipping or other movements that could result in personal injury.
☐	☐	☐	9. Lockout/Tagout (LOTO) procedures available where required, and authorized Employees trained on LOTO process.

ELECTRICAL:

YES	NO	N/A		
☐	☐	☐	1.	Electrical appliances, such as vacuum cleaners, burnishers, etc., are grounded.
☐	☐	☐	2.	Portable Ground fault circuit interrupter (GFCI) are used when outlet is not already protected.
☐	☐	☐	3.	Electrical cords in good condition, free from damage or deterioration.
☐	☐	☐	4.	Are power strips free from improper connections, including daisy chaining.
☐	☐	☐	5.	Power cords or extension cords for electrical equipment are kept from obstructing walkways.
☐	☐	☐	6.	When electrical equipment is serviced, maintained, or adjusted, necessary switches are placed in the off position, locked out, and tagged whenever possible.

BLOODBORNE PATHOGENS:

YES	NO	N/A		
☐	☐	☐	1.	Employees aware of appropriate workplace practices (i.e., hand washing, disposal of contaminated materials.)
☐	☐	☐	2.	Personal Protective Equipment (PPE) available to employees (nitrile gloves, goggles, gowns, etc.)
☐	☐	☐	3.	Sharps containers present at site, where applicable and properly labeled.
☐	☐	☐	4.	Employees are aware of universal precautions.
☐	☐	☐	5.	Employees are aware of proper handling and disposal of sharps.
☐	☐	☐	6.	Annual Bloodbourne Pathogens (BBP) training completed and training records maintained.

FORKLIFT:

YES	NO	N/A		
☐	☐	☐	1.	Forklift operators have been certified prior to operating Forklifts Cal/OSHA.
☐	☐	☐	2.	Operating instructions for forklifts posted as required by Cal/OSHA.
☐	☐	☐	3.	Forklift inspection checklist is completed and documented before each shift or prior to forklift use.
☐	☐	☐	4.	Key removed from forklift when out of operation.
☐	☐	☐	5.	Forklift has a warning horn, whistle, gong, or other device that can be clearly heard above the normal noise in the area where operated.
☐	☐	☐	6.	Aisle ways designated, permanently marked, and kept clear to allow unhindered passage.
☐	☐	☐	7.	Speed limit is posted and visible.

EMPLOYEE AWARENESS:

YES	NO	N/A		
☐	☐	☐	1.	Employees are aware of evacuation procedures & roll call meeting place.
☐	☐	☐	2.	Employees are aware of the procedures for reporting an injury or incident.
☐	☐	☐	3.	Employees are aware of Safety Concern Cards and encouraged to report hazards.
☐	☐	☐	5.	Employees are aware of the Extra Mile Club. The EMC Award Winners poster is visible.
☐	☐	☐	6.	Employees are aware of the Safety Superstar. The SSS Award Winners poster is visible.

A copy of this checklist will be provided to the Project and Division Managers along with a summary of the inspection once completed. Any hazardous condition(s) requiring ***immediate*** **correction** have been verbally discussed and are expected to be removed or rectified immediately to prevent potential injury. The inspection summary may also include suggestions for other corrections/changes that should be addressed as soon as is feasible.

SIGNATURES:

Inspector	**Date**	**Inspector**	**Date**
Project Manager	**Date**	**Division Manager**	**Date**

IMPORTANT: PLEASE COMPLETE BACK PAGE – SPECIFIC SAFETY CONERNS REQUIRING ACTION

TO: Job Options Safety Officer

Upon completion of this inspection, the following items were found to be in need of further action:

(Project Manager and Division Manager will be notified in writing of any further action taken to address the items above.)