



DAILY JOBSITE INSPECTION REPORT

FOREMAN MUST ASSURE THAT THESE SITE SPECIFIC SAFETY ISSUES ARE ADDRESSED AS NEEDED. PLEASE CHECK TO INDICATE COMPLIANCE REQUIREMENTS WERE MET WHEN APPLICABLE.

Job # : _____

ALL JOBS

- DAILY LIFT INSPECTION PERFORMED AS REQUIRED
- PROPER PPE BEING USED AS REQUIRED
- ALL GAS BOTTLES HAVE BEEN SECURED
- POWER TOOLS AND ELECTRICAL CORDS INSPECTED AND IN PROPER WORKING CONDITION.
- FIRE HAZARDS, FIRE EXTINGUISHERS AND EMERGENCY EXITS HAVE BEEN IDENTIFIED TO CREW
- FIRST AID KIT IS AVAILABLE IN EVENT OF EMERGENCY

SITE SPECIFIC

- LOCK-OUT / TAG-OUT PROCEDURES PERFORMED AS REQUIRED
- CONFINED SPACE PERMIT POSTED AND COMPLETED AS REQUIRED
- LADDERS INSPECTED PRIOR TO USE
- SCAFFOLDING IS SECURED PROPERLY
- RIGGING – CHAINS / SLINGS INSPECTED PRIOR TO USE
- HOT WORK PERMIT PROCEDURES PERFORMED AS REQUIRED

IDENTIFY ANY HAZARDS

- CHEMICAL
- ELECTRICAL
- HARMFUL DUST
- LIGHT (OPTICAL) RADIATION
- NOISE
- TEMPERATURE EXTREMES
- TOOLS OR EQUIPMENT SENT TO JOB NEEDS REPAIRED (TAG TO IDENTIFY REPAIRS NEEDED)
- OTHER

TOOL BOX TALK PERFORMED: (to be done prior to commencement of work; discuss expectations for the day, work-related topics, identify hazards, etc.).

TOPIC DISCUSSED: _____

IF HAZARDS HAVE BEEN IDENTIFIED PLEASE NOTE CORRECTIVE ACTION TAKEN:

Notify Operations and/or Project Mgr. if corrective measures require further action beyond your control. Tag and notify either Toolroom or Maintenance Dept. of any repairs needed. Report any crew that fail to comply with AIS safety requirements to Safety Coordinator so we can address as needed. All WORK-RELATED injuries must be reported to Safety Coordinator.

NAME OF EMPLOYEE PERFORMING INSPECTION: _____

SIGNATURE OF FOREMAN: _____ Date: _____