Date Corrected_____
Signature_____

INSPECTION REPORT

COMPANY_____ **LOCATION**_____
SUPERVISOR_____ **DATE**_____
CITY_____ **INSPECTOR**_____

PROTECTIVE EQUIPMENT	OK	AN	NA
HARD HATS WORN	___	___	___
EYE / FACE PROTEC. AS REQRD	___	___	___
PROPER FOOTWEAR	___	___	___
BODY HARNESS	___	___	___
SAFETY VEST	___	___	___
EXCAVATION AND SHORING			
SHORING OR SLOPING	___	___	___
SPOIL BANK	___	___	___
LADDER AVAILABLE	___	___	___
COMPETENT PERSON	___	___	___
HIGHWAY EQUIPMENT			
BACK UP ALARMS / HORNS	___	___	___
SEAT BELTS	___	___	___
WINDOWS	___	___	___
ELECTRICAL / HANDTOOLS			
EXTENSION CORDS / GFCI'S	___	___	___
POWER TOOLS / GUARDS	___	___	___
TOOL HANDLES	___	___	___
SCAFFOLDS / FALL PROTECTION			
FULLY DECKED / GUARDRAILS	___	___	___
CONSTRUCTION	___	___	___
TRAINING DOCUMENTATION	___	___	___
AERIAL LIFTS			
SAFETY CHAIN	___	___	___
TRAINING DOCUMENTATION	___	___	___

FIRST AID & EMERGENCY	OK	AN	NA
FIRST AID SUPPLIES	___	___	___
MSDS / HAZARD COMMUNICATION	___	___	___
CPR CERTIFIED PERSONNEL	___	___	___
HOUSEKEEPING & SANITATION			
HOUSEKEEPING	___	___	___
DRINKING WATER / CUPS	___	___	___
LADDERS			
TIED OFF / 3' ABOVE LANDING	___	___	___
PROPER CONDIT. / PLACEMNT	___	___	___
OXYGEN / ACETYLENE BOTTLES			
STORED UPRIGHT & SECURED	___	___	___
GAUGES / HOSES	___	___	___
FUEL STORAGE			
SAFETY CANS CONDITION	___	___	___
FIRE EXTINGUISHERS	___	___	___
CRANES			
ANNUAL INSPEC. CERTIFICATE	___	___	___
LOAD CHARTS / ANGLE INDIC.	___	___	___
POWER LINES	___	___	___
MISCELLANEOUS			
_____	___	___	___
_____	___	___	___

OK = SATISFACTORY **AN** = ACTION NEEDED **NA** = NOT APPLICABLE

REMARKS: