

Site Safety Inspection

Date:



CHECK ALL THAT APPLY

Initial Routine Followup Investigation
 Call-In (Who Requested)

Project Details

Project Details/GC

Project Name:		Type of Construction:	
Address:		GC:	
GC Rep/Contact:	Phone:	Email:	

Meiners Electric Crew Details

Project Manager:		Crew Leader:		
Crew Size (Assigned)	Crew Size(Actual)	Crew makeup (record # of each)		
		Journeyman	Apprentices	Management Laborers
Description of Work:				

Environment

Working Environment

Work Local	Temp (f)	Humidity	Wind Speed	Wet Bulb/Chill	Outside Conditions
Lighting Level		Noise Level		Dust/Fumes	Housekeeping
Work Area Climate Controlled:		Break Area Climate Controlled:		Aid Station On-Site	Cell or Land Line Phone Access

Sanitation

Restroom Facilities		Hand-Wash Facilities	Potable Water Source
Drinking Cups (Individual)	Trash Containers (at water source)	Dumpster Access	Overall Sanitary Conditions

Note any and all deficiencies:

Safety and Health (General)

Y	N	NA		Y	N	NA	
			First Aid Kit Bloodborne Pathogen Kit Eyewash Bottle/Station Fire Extinguisher Daily Job Briefings				Material Safety Data Sheets Safety Manual Site Emergency Plan Job Hazard Analysis (JHA) Tool Box Talks

Note any and all deficiencies:

Personal Protective Equipment (PPE)

Y	N	NA		Y	N	NA	
			Hardhat Safety Glasses Gloves Work Boots Rubber Goods				Fall Protection Harnesses Lanyards/Retractable Anchors Appropriate Work Clothing Arc Flash Suits

Note any and all deficiencies:

Tools and Equipment

	<i>Pass</i>	<i>Fail</i>	
Extension Cords Hand Tools Power Tools Ladders Man Lifts Gang Boxes			Note any and all deficiencies:

Observations / Recommendations

General site observations and recommendations:

Completed By (Signature)	Title	Date
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