



# SAFETY INSPECTION CHECKLIST

**Location:** \_\_\_\_\_ **Time of Audit:** \_\_\_\_\_ AM \_\_\_\_\_ PM  
**Date:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Unit:** \_\_\_\_\_  
**Equipment:** \_\_\_\_\_

<b>Permitting</b>	<b>Y</b>	<b>N</b>	<b>Comments / Corrective Action Taken</b>
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1. Does the permit reflect the right date?
2. What type of permit is written?
3. Does the permit give a direct description of what the task is?
4. Is the permit signed off authorizing task start-up?
5. Do the employees have a general knowledge of what the permit states?
6. Are employees in compliance of the permit?

<b>Personal Protective Equipment</b>	<b>Y</b>	<b>N</b>	<b>Comments / Corrective Action Taken</b>
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1. Are employees complying with all the PPE as listed on the permit?
2. Are employees using all PPE as required by Company policy?
3. Are employees wearing hard hats, safety glasses, ear plugs, and gloves?
4. H<sub>2</sub>S monitors being used and are they being worn correctly?
5. Are proper safety glasses being worn? (Dark/Clear)
6. Is fall protection required?
7. Is fall protection being worn right?
8. Are employees practicing 100% tie off policy?
9. Are employees tied off to a sufficient anchorage point?
10. Are employees tied off above their head to minimize fall?
11. Do employees show a general knowledge of what PPE to use and why it is being used? (Please ask the employee)
12. Are respirators required?
13. Are employees using the right type of respirator for the task assigned? (Half-Mask, Full Face dual cartridge, Airline, Sams)
14. Have employees been trained in the proper use, care, storage and maintenance of the respirators?

## SAFETY INSPECTION CHECKLIST

Equipment	Y	N	Comments / Corrective Action Taken
1. Are forklifts being used?			
2. Have all forklifts been inspected?			
3. Are operators trained?			
4. Do operators have their training cards readily available?			
5. Are speed limits being followed?			

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Confined Space and Dumping	Y	N	Comments / Corrective Action Taken
1. Is the entry an inert entry?			
2. Are all outlets / inlets blinded / isolated?			
3. Is retrieval devices in place and functioning correctly?			
4. Has a confined space permit been issued?			
5. Is the temperature below 100 degrees Fahrenheit?			
6. Is the LEL below 10ppm?			
7. Is a rescue plan in place?			
8. Are the top Supv. & the bottom Supv. available?			
9. Are communications established and functioning correctly?			
10. If inert conditions are present, are other employees set up as to not be down wind from escaping nitrogen?			
11. Are all documents in place and being filled out?			
12. Are employees wearing Proper PPE?			
13. Is vec loader being used?			
14. Is the vec loader grounded?			
15. Are all hoses to the loader secured?			
16. Are fire extinguishers readily available?			
17. What are the readings on the monitor at time of inspection?	O <sub>2</sub>	LEL	Temp      Comb



## SAFETY INSPECTION CHECKLIST

**Scaffolds** **Y** **N** **Comments / Corrective Action Taken**

1. Scaffolds been inspected per shift?
2. Scaffolds properly constructed for load?
3. Access ladders 3 ft. above deck?
4. Guardrails, toe boards, decking in place?

**Electrical** **Y** **N** **Comments / Corrective Action Taken**

1. GFCIs being used?
2. All cords inspected and properly color coded?

**Slings / Chokers** **Y** **N** **Comments / Corrective Action Taken**

1. Slings / Chokers free of cracks, tears, rips, or defects?
2. Have shackles / hooks been inspected and free from defects?

**Other Comments / Corrective Actions and Positive Feedback**

**# Of Items Audited**

**# Of Items Answered  
Deficient**

**% Compliance on  
this Audit**

Auditor (print)

Auditor (signature)