

Site Inspections

| | |
|-----------------------------------------|-------|
| OSHA 29 CFR Part 1926----- | 1 |
| Site Inspection----- | 3 |
| Job Site Hazard Recognition Report----- | 4 & 5 |
| Safety Recommendation----- | 6 |

Safety Management Services offers periodic job site inspections as part of its regular service to clients. For additional information, contact:

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Site Inspections

OSHA 29 CFR PART 1926

Subpart C - General Safety and Health Provisions -

§1926.20 General safety and health provisions.

(b) Accident prevention responsibilities.

(1) It shall be the responsibility of the employer to initiate and maintain such programs as may be necessary to comply with this part.

(2) Such programs shall provide for frequent and regular inspections of the job sites, materials, and equipment to be made by competent persons designated by the employers.

SITE INSPECTION:

A practical inspection or analysis of the work environment involves a variety of work site examinations in order to identify existing hazards and conditions and operations in which changes might occur to create new hazards. Unawareness of a hazard stemming from failure to examine the work site is a sign that safety and health policies and/or practices are ineffective.

Effective management actively analyzes the work and work site to anticipate and prevent harmful occurrences. In order that all hazards and potential hazards are identified, the following measures are recommended.

1. Conduct comprehensive base-line work site surveys for safety and health, and comprehensive update surveys.
2. Analyze planned and new facilities processes, material and equipment.
3. Perform routine job hazards analyses.
4. Conduct regular site safety and health inspection so that new or previously missed hazards and failures in hazards control are identified.
5. Provide a reliable system for employees to notify management personnel about conditions that appear hazardous, and to receive timely and appropriate response and encourage employees to use the system without fear of reprisal. This utilizes employee insight and experience in safety and health protection and allows employee concerns to be addressed.
6. Investigate accidents and "near miss" incidents so that patterns with common causes can be identified and prevented.
7. Analyze injury and illness trends over time, so that patterns with common causes can be identified and prevented.
8. Conduct ongoing training of supervisors, foremen, and employees to satisfy OSHA policies (See the chapter on Training).

SAFETY MANAGEMENT SERVICES recommends the following inspection list as an example for your company's regular job site inspection.
(See: Job Site Hazard Recognition Report- next page)

JOB SITE HAZARD RECOGNITION REPORT Page 1

COMPANY INSPECTED:

| | |
|-------------------------|----------|
| Foreman: | Date: |
| Job Location: | Job #: |
| Inspected By: (COMPANY) | |
| Inspector's Name: | Phone #: |

| FIRST AID / EMERGENCY | ✓ OK | ACTION NEEDED | COMMENTS |
|--------------------------------|------|---------------|----------|
| First Aid Kit / Supplies | | | |
| Access to Site Clear | | | |
| OSHA Form 2203 - Posted | | | |
| OSHA Form 200 (if required) | | | |
| Other | | | |
| PERSONAL PROTECTIVE EQUIPMENT | ✓ OK | ACTION NEEDED | COMMENTS |
| Hard Hats | | | |
| Eye / Face Protection | | | |
| Ear Protection | | | |
| Respiratory Protection | | | |
| Caps for Rebar | | | |
| Other | | | |
| FALL PROTECTION | ✓ OK | ACTION NEEDED | COMMENTS |
| Stanchions | | | |
| Harnesses | | | |
| Lifelines | | | |
| Perimeter Guarding | | | |
| Floor Openings | | | |
| Netting | | | |
| Working Over Water | | | |
| Other | | | |
| LADDERS | ✓ OK | ACTION NEEDED | COMMENTS |
| In Good Condition | | | |
| Securely Tied Off | | | |
| 36" Above Landing | | | |
| Proper Placement | | | |
| Other | | | |
| SCAFFOLDS | ✓ OK | ACTION NEEDED | COMMENTS |
| Erected by Competent Person | | | |
| Footing / Ancorages | | | |
| Guard Rails / Toeboards | | | |
| Side Screens (if required) | | | |
| Proper Maintenance | | | |
| Proper & Full Planking | | | |
| Other | | | |
| WRITTEN PROGRAMS (if required) | ✓ OK | ACTION NEEDED | COMMENTS |
| General Safety Program | | | |
| HAZCOM | | | |
| MSDS's | | | |
| Fall Protection | | | |
| Other (as requested) | | | |

COMMENTS:

JOB SITE HAZARD RECOGNITION REPORT Page 2

| ELECTRICAL | ✓OK | ACTION NEEDED | COMMENTS |
|-----------------------------------|-----|---------------|----------|
| GFCI's or Color Coding | | | |
| Adequate Lighting | | | |
| Power Sources Tested | | | |
| Cords Protected | | | |
| Lockout / Tagout (if required) | | | |
| Other | | | |
| MATERIAL HANDLING / STORAGE | ✓OK | ACTION NEEDED | COMMENTS |
| Proper Material Handling | | | |
| Stacks Secure / Neat / Protected | | | |
| No Excessive Heights | | | |
| Stored Away From Openings | | | |
| Pipe Inventory Stacks / Bins | | | |
| Other | | | |
| LIFT TRUCKS / JLG / SCISSOR | ✓OK | ACTION NEEDED | COMMENTS |
| Properly Maintained | | | |
| Proper Training / Documented | | | |
| Lift Capacity Verified | | | |
| Tie-Offs Where Required | | | |
| Hazard Clearances Verified | | | |
| Other | | | |
| FUEL STORAGE / COMPRESSED GAS | ✓OK | ACTION NEEDED | COMMENTS |
| Self Closing Gas Cans | | | |
| Fuel Cans Properly Marked | | | |
| Proper Storage | | | |
| Compressed Gas Stored Upright | | | |
| Stored Outdoors (LP) | | | |
| Proper Separation of Gasses | | | |
| Other | | | |
| FIRE PREVENTION | ✓OK | ACTION NEEDED | COMMENTS |
| Proper Fire Extinguishers | | | |
| Adequate in Number | | | |
| Proper Placement / Access | | | |
| Water Supply (if needed) | | | |
| Other | | | |
| SANITATION | ✓OK | ACTION NEEDED | COMMENTS |
| Adequate Drinking Water | | | |
| Proper Dispensing Containers | | | |
| Toilets (Adequate & Number) | | | |
| Other | | | |
| SIGNS / SIGNALS / BARRICADES | ✓OK | ACTION NEEDED | COMMENTS |
| Site Perimeter Guarded | | | |
| Open Sided Floors / Toeboards | | | |
| Stairways / Railings / Steps | | | |
| Other | | | |
| TOOLS: HAND AND POWER | ✓OK | ACTION NEEDED | COMMENTS |
| Proper Tools Provided | | | |
| Proper Tools Being Used | | | |
| Inspection and Maintenance | | | |
| Proper Training Done or Scheduled | | | |
| All Required Guards In Place | | | |
| Other | | | |
| COMMENTS: | | | |
| | | | |
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SAFETY RECOMMENDATION

DATE _____

COMPANY _____

JOB SITE _____

LOCATION _____

HAZARDS _____

SUGGESTIONS FOR CORRECTION _____

ACTION TAKEN _____

SIGNED _____ DATE _____

