

E 3.5 Management Site Safety Inspection

Job #:		Date:		
Job Name:		BPC Employees <input type="checkbox"/> Grading Crew <input type="checkbox"/> Paving Crew		
Location:				
Conducted By:				
Weather:	°C,			
S – Satisfactory	NS – Not Satisfactory	NA – Not Applicable		
Item Inspected	S	NS	NA	Requires Immediate Action
1. SITE ACCESS				
Clean, level ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. HOUSEKEEPING				
Clear walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clear access and landing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. PERSONAL PROTECTIVE EQUIPMENT				
Head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fall protection (plan, rescue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. POWER TOOLS and HEAVY EQUIPMENT				
General condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper guards, cords, PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tagging as DEFECTIVE (lock out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety Manuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. TRAFFIC CONTROL				
Trained traffic controllers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean, regulation sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly dressed (including vest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. PUBLIC WAY PROTECTION				
Properly located (within 4.5 m)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Entrances clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Covered where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Min. height, width requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper rail on street side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper lighting, where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. FUEL CONTAINERS (Propane, Gasoline, Diesel)				
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly hooked up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. FIRST AID REQUIRMENTS				
Adequate qualified first aiders on jobsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid kits: Adequate number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. FIRE PROTECTION				
Master emergency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extinguishers where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fully charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequately identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. TRENCHES & EXCAVATIONS				
Properly sloped, where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excavated soil properly placed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper access to trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper storage of materials in and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. MATERIALS STORAGE				
Properly located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safely piled, stacked, bundled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly moved or lifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Properly labeled (WHMIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. SIGNS & PRINT MATERIAL				
OH&S Act and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSDSs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warning signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency phone list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. SUB-CONTRACTOR				
WHMIS training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Housekeeping-Equipment and Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Hygiene				
Washroom Facilities Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cleanliness of Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: _____
Signature