

Weekly Jobsite Safety Inspection Checklist

Jobsite Location: _____ **Job #:** _____

Person (s) Making Inspection: _____ **Date:** _____ **Time:** am / pm

Column: A = Adequate; B = Inadequate; N/A in Remark if Not Applicable

	A	B	Remarks
General Safety Requirements:			
Location Hospital/Medical Center Map & Phone # Available			
First Aid Kit Available And Stocked Person with first aid certified on site			
Code of Safe Practices available on the job			
Posting on site and filled in			
Weekly Safety Meetings Being Held			
New Employees Receive Safety Instructions, Review Etc.			
Lock Out/Tag Out In Use If Required			
Permits & OSHA Postings On Job And Current			
Heavy Equipment:			
Regular inspection and maintenance			
Lights, brakes, warning signals operative			
Wheels chocked when necessary			
Sub-Contractors On Site (list names):			
Abiding by A.J.Padelford's safety policies			
Any safety deficiencies addressed			
Other:			
Housekeeping:			
Sanitary facility & hand washing facility adequate and clean			
Drinking water and cups available and container marked			
Work Areas, Walkways Clear and Free of Debris			
Materials Properly Stored and clearly marked			
SDS Log on Site			
Personal Protective Equipment:			
Hard Hats			
Eye Protection			
Proper Foot			
Hearing Protection			
Gloves/Hand protection			
Proper Clothing long pants, shoes, Vests Etc.			
Electrical			
Tools and equipment grounded or of the double insulated type?			
Are flexible cords and cables free of splices or taps?			
Other:			
Comments (list hazards found if any and list corrective measures taken):			
Please submit to Brett Padelford after corrective action taken by the person who inspected.			
Date reviewed by Brett and initial:			