

Jobsite Inspection Checklist



Job # _____

Ziebarth Electrical Contractors Ltd.

Project _____

Supervisor _____

No. of Employees _____

Inspected by _____

Date _____

<p><i>1. PROTECTIVE EQUIPMENT</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>Hard hats worn <input type="checkbox"/> <input type="checkbox"/></p> <p>Foot protection <input type="checkbox"/> <input type="checkbox"/></p> <p>Eye & face protection: Worn <input type="checkbox"/> <input type="checkbox"/> Available <input type="checkbox"/> <input type="checkbox"/></p> <p>Hearing protection: Worn <input type="checkbox"/> <input type="checkbox"/> Available <input type="checkbox"/> <input type="checkbox"/></p> <p>Respiratory protection: Worn <input type="checkbox"/> <input type="checkbox"/> Available <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: right;">Check if section is not applicable <input type="checkbox"/></p> <p><i>2. FALL PROTECTION</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>CSA approved <input type="checkbox"/> <input type="checkbox"/></p> <p>Properly worn <input type="checkbox"/> <input type="checkbox"/></p> <p>Safe, usable condition <input type="checkbox"/> <input type="checkbox"/></p> <p>Working from: Ladders <input type="checkbox"/> <input type="checkbox"/> Scaffold <input type="checkbox"/> <input type="checkbox"/> Swing Stages <input type="checkbox"/> <input type="checkbox"/></p> <p>Unprotected openings and edges <input type="checkbox"/> <input type="checkbox"/></p>
<p><i>3. HOUSKEEPING</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>Clear walkways <input type="checkbox"/> <input type="checkbox"/></p> <p>Clear work areas <input type="checkbox"/> <input type="checkbox"/></p> <p>Clear access and landing <input type="checkbox"/> <input type="checkbox"/></p>	<p><i>4. EXTENSION CORDS</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>Outdoor type, rated over 300 volts <input type="checkbox"/> <input type="checkbox"/></p> <p>General condition of casing, ends an connections <input type="checkbox"/> <input type="checkbox"/></p>
<p><i>5. SIGNS & PRINT MATERIAL</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>OH&S Act & Regulations <input type="checkbox"/> <input type="checkbox"/></p> <p>WSIB Form 82 posted <input type="checkbox"/> <input type="checkbox"/></p> <p>MSDS copies <input type="checkbox"/> <input type="checkbox"/></p> <p>Warning signs <input type="checkbox"/> <input type="checkbox"/></p> <p>Emergency phone list <input type="checkbox"/> <input type="checkbox"/></p> <p>Report forms <input type="checkbox"/> <input type="checkbox"/></p>	<p><i>6. WORKER EDUCATION</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>WHMIS training <input type="checkbox"/> <input type="checkbox"/></p> <p>Company safety policy & program <input type="checkbox"/> <input type="checkbox"/></p> <p>Injury reporting <input type="checkbox"/> <input type="checkbox"/></p> <p>Hazard reporting <input type="checkbox"/> <input type="checkbox"/></p> <p>OH&S Act & Regulations <input type="checkbox"/> <input type="checkbox"/></p> <p>Personal H&S responsibilities <input type="checkbox"/> <input type="checkbox"/></p>
<p style="text-align: right;">Check if section is not applicable <input type="checkbox"/></p> <p><i>7. TRENCHES & EXCAVATIONS</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>Properly angled, where required <input type="checkbox"/> <input type="checkbox"/></p> <p>Excavated materials properly placed <input type="checkbox"/> <input type="checkbox"/></p> <p>Appropriate shoring used <input type="checkbox"/> <input type="checkbox"/></p> <p>Proper access to trench <input type="checkbox"/> <input type="checkbox"/></p> <p>Proper storage of materials in and above trench <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: right;">Check if section is not applicable <input type="checkbox"/></p> <p><i>8. ELEVATING WORK PLATFORM</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>Worker training <input type="checkbox"/> <input type="checkbox"/></p> <p>Properly used <input type="checkbox"/> <input type="checkbox"/></p> <p>Safe, usable condition <input type="checkbox"/> <input type="checkbox"/></p> <p>Acceptable loading <input type="checkbox"/> <input type="checkbox"/></p> <p>Manufacturer's operating manual <input type="checkbox"/> <input type="checkbox"/></p>
<p style="text-align: right;">Check if section is not applicable <input type="checkbox"/></p> <p><i>9. FIRST AID REQUIREMENTS</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>Adequate number of qualified first aiders on jobsite <input type="checkbox"/> <input type="checkbox"/></p> <p>First aid boxes Adequate number <input type="checkbox"/> <input type="checkbox"/> Adequate contents <input type="checkbox"/> <input type="checkbox"/></p>	<p style="text-align: right;">Check if section is not applicable <input type="checkbox"/></p> <p><i>10. MATERIALS STORAGE</i> OK <input type="checkbox"/> Not OK <input type="checkbox"/></p> <p>Properly located <input type="checkbox"/> <input type="checkbox"/></p> <p>Safely piled, stacked or bundled <input type="checkbox"/> <input type="checkbox"/></p> <p>Properly moved or lifted <input type="checkbox"/> <input type="checkbox"/></p> <p>Properly labeled (WHMIS) <input type="checkbox"/> <input type="checkbox"/></p>

Check if section is not applicable <input type="checkbox"/>					
11. TEMPORARY POWER SUPPLY	OK	Not OK	12. HYGIENE	OK	Not OK
Properly identified	<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness of facility	<input type="checkbox"/>	<input type="checkbox"/>
Overhead lines flagged & secured	<input type="checkbox"/>	<input type="checkbox"/>			
Surface cables buried or protected	<input type="checkbox"/>	<input type="checkbox"/>			
13. LADDERS	OK	Not OK	14. POWER TOOLS, EQUIPMENT	OK	Not OK
Secured	<input type="checkbox"/>	<input type="checkbox"/>	General condition	<input type="checkbox"/>	<input type="checkbox"/>
Proper angle (extension)	<input type="checkbox"/>	<input type="checkbox"/>	Proper guards, cords, PPE	<input type="checkbox"/>	<input type="checkbox"/>
Proper size and type	<input type="checkbox"/>	<input type="checkbox"/>	Use of defective tags	<input type="checkbox"/>	<input type="checkbox"/>
Safe, usable condition	<input type="checkbox"/>	<input type="checkbox"/>			
Properly used	<input type="checkbox"/>	<input type="checkbox"/>			
Proper handrails & landings	<input type="checkbox"/>	<input type="checkbox"/>			
Non-slip bases	<input type="checkbox"/>	<input type="checkbox"/>			

COMMENTS

