

Badger Swimpools Inc. Job Site Safety Audit

Job Name: _____ Job #: _____

Superintendent / Foreman: _____ Date: _____

TRAFFIC CONTROL

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Signs (type, order, spacing, condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barricades/Barrels/Cones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pavement marking (type, condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaggers (PPE, location, certified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazards to traffic/public/pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT / VEHICLES

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Backup alarm / horn functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass / mirrors (condition, clean, clear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Load (secure, covered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage (placards, decals, signs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning lights/flashers functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROTECTIVE EQUIPMENT

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Hardhats	<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"/>
Foot protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Fire Extinguishers (condition, service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burning (permit, location, attended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WALKING/WORKING SURFACES

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Trip and fall hazards controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open holes protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open edges protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of stairs/ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PUBLIC LIABILITY HAZARDS

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Ponds protected (signs, fencing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrians/vehicles through site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricted site access (fence, signs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE PARKING

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Designated area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking rules enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BULK FUEL STORAGE

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
12" berm around tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper labels/signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher 25'-75' away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXCAVATION / TRENCHING

	SEE		
EVALUATED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	N/A	OK	COMMENTS
Adequate sloping/shielding/shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of shielding/shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoil placement/loose material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access/egress (ladder, ramp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barricade/stop log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tabulated data on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent person present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miss Utility marks visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand dug w/in 2' of marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZARD COMMUNICATION

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSContainer labels MSDS available **CONFINED SPACE ENTRY**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSAir test before entry Air test during entry Ventilation provided Retrieval device utilized Permit form utilized Other **FIRST AID/HYGIENE**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSKit available (accessible, stocked) Emergency numbers posted Drinking water provided Toilets provided & serviced **MATERIAL HANDLING**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSProper lifting practices observed Slings (proper use, condition) Other **HOUSEKEEPING**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSProper housekeeping observed Material storage acceptable Other **COMMENTS****HAND TOOLS**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSCondition Used properly Other **ELECTRICAL**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSOverhead wires (clearance, protected) Poles wrapped w/safety fence Protection of buried wires Extension cords (condition, use) GFCI Other **DRILLING/BLASTING**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSDust control Pre-blast structure inspection Blasting signs posted Other **SAFETY POSTINGS**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSOSHA, Unemployment Insurance,
WC Insurance, Equal Employment,FMLA, Polygraph Protection OSHA 300 log (Feb 1-Apr 1) **SUBCONTRACTOR SAFETY**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTSCompliance with safety rules