

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 COMMENTS

Container labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONFINED SPACE ENTRY

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Air test before entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air test during entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrieval device utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit form utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST AID/HYGIENE

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Kit available (accessible, stocked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilets provided & serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL HANDLING

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Proper lifting practices observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slings (proper use, condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEKEEPING

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Proper housekeeping observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material storage acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS**HAND TOOLS**

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Overhead wires (clearance, protected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poles wrapped w/safety fence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection of buried wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension cords (condition, use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRILLING/BLASTING

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Dust control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-blast structure inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blasting signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY POSTINGS

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

OSHA, Unemployment Insurance, WC Insurance, Equal Employment, FMLA, Polygraph Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA 300 log (Feb 1-Apr 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUBCONTRACTOR SAFETY

SEE

EVALUATED: YES NO N/A N/A OK COMMENTS

Compliance with safety rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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