

OSHA INSPECTION CHECKLIST

Date:	Project Name:		
Project Address:			
Supervisor in Charge: <i>(Print Name)</i>			
OSHA Inspecting Officers Name: <i>(Print Name)</i>			
OSHA Inspecting Officer's ID Number:			
Time OSHA Arrived:	Time OSHA Departed:		
Does OSHA Inspector have a search warrant? (If yes, obtain a copy and send to Director of Safety)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
At this time, contact at Office Cell			
OPENING CONFERENCE	Start Time:	Ending Time:	
Contractor Representative(s): (Name)	Company Name:		
Employee Representative(s): (Name)	Company Name:		
Did the Inspector Request to Review:		YES	NO
Hazard Communication Program?		<input type="checkbox"/>	<input type="checkbox"/>
OSHA 300 Forms? <i>(If "Yes", contact BSP Main Office for copies of forms)</i>		<input type="checkbox"/>	<input type="checkbox"/>
BSP Safety Handbook?		<input type="checkbox"/>	<input type="checkbox"/>
Documentation of Employee Training?		<input type="checkbox"/>	<input type="checkbox"/>
Reason for Inspection and/or Type of Inspection:		Check if "YES"	
Imminent Danger		<input type="checkbox"/>	
Catastrophe/Fatality (Catastrophe = 3 or more employees hospitalized)		<input type="checkbox"/>	
Special Emphasis Program Inspection		<input type="checkbox"/>	
Programmed Inspection		<input type="checkbox"/>	
Follow-up Inspection		<input type="checkbox"/>	
Employee Complaint		<input type="checkbox"/>	
NOTE: <i>If there is an employee complaint, ask the OSHA Inspector for a copy of the complaint prior to the inspection being performed. The inspector is allowed to inspect only the issues that relate to that complaint.</i>			

WALK-AROUND INSPECTION	Start Time:	Ending Time:	
Contractor Representative(s): (Name)	Company Name:		
Employee Representative(s): (Name)	Company Name:		
General Inspection Questions		YES	NO
Did the OSHA Inspector record the walk-around on Video?		<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES, did the company duplicate the OSHA Inspector's video?</i>		<input type="checkbox"/>	<input type="checkbox"/>
Did the OSHA Inspector take photos during the walk-around?		<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES, did the company duplicate the OSHA Inspector's photos?</i>		<input type="checkbox"/>	<input type="checkbox"/>
Did the OSHA Inspector question employees during the walk-around?		<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES, did the company document (on a separate sheet of paper) the questions asked by the OSHA Inspector, & the employee's answers?</i>		<input type="checkbox"/>	<input type="checkbox"/>
Did the OSHA Inspector ask for a private conversation with any employees? <i>(Note: By law, the OSHA Inspector has a right to question employees privately, but has to offer the employee a choice to have a company representative present.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
Did the employee request a company representative?		<input type="checkbox"/>	<input type="checkbox"/>
CLOSING CONFERENCE	Start Time:	Ending Time:	
Contractor Representative(s): (Name)	Company Name:		
Employee Representative(s): (Name)	Company Name:		
Questions to be asked by company supervisor during the Closing Conference		YES	NO
Did the Inspector observe any violations? <i>(If yes, please attach)</i>		<input type="checkbox"/>	<input type="checkbox"/>
Does the company need to take immediate corrective action with any items? <i>(Attach recommended corrective action & abatement periods)</i>		<input type="checkbox"/>	<input type="checkbox"/>