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| **A competent person shall examine each working place at least once each shift for conditions, which may adversely affect safety and health.**  **Conditions that present imminent danger shall be brought to the attention of supervision and all persons shall withdraw from the affected area.**  **This form is to be completed and any deficiencies shall be addressed or corrected within 2 hours of the start of every shift.**  **Completed Forms will be kept on file for 12 months from date performed.** | | | | | | | | | | | | | | | | |
| **Location:** | | | **Date:** | | | | | | | **Time:** | | **Shift:** | | | | |
| Location is meant to indicate the overall site-“Mine”, “Smelter”, “Rod Plant”, etc. | | | | | | | | | | | Exam shall be preformed for each shift. | | | | | |
| **Competent Person(s):**  **Payroll #:** | | | | | | | **Working Place(s):** | | | | | | | | | |
| The competent person who performed this exam must be identified. | | | | | | | The phrase “Working place” means where work is being performed | | | | | | | | | |
| **Check “OK” if no Concerns, Check “NC” for Non-Conforming or requires corrective action. Check “N/A” if does not apply.** | | | | | | | | | | | | | | | | |
| **General:** | | | **OK** | **NC** | **N/A** | **Walkways/Stairways/Travel ways:** | | | | | | | **OK** | | **NC** | **N/A** |
| Housekeeping (general cleanliness) | | |  |  |  | Un-obstructed | | | | | | |  | |  |  |
| Signage | | |  |  |  | Exits Posted | | | | | | |  | |  |  |
| Chemical Storage | | |  |  |  | Floor Grating (loose, missing, etc.) | | | | | | |  | |  |  |
| Container Labels (correct contents & legible) | | |  |  |  | Handrails (damage, wear, missing, etc.) | | | | | | |  | |  |  |
| Spills | | |  |  |  | Under footing (rock, dirt, mud, transitions, etc.) | | | | | | |  | |  |  |
| Illumination (light is adequate) | | |  |  |  | Trip/Slip/Fall Hazards (hoses, boxes, cords, etc.) | | | | | | |  | |  |  |
| Lunchroom Clean (fridge, microwave, etc.) | | |  |  |  | Floor Openings (identified, barricaded, etc.) | | | | | | |  | |  |  |
| Restroom (clean, stocked, graffiti, etc.) | | |  |  |  | Stairway (clean, safety cleats, banister, etc.) | | | | | | |  | |  |  |
| Utility Location (power, gas, sewer, etc.) | | |  |  |  | Traffic (direction, volume, type, etc.) | | | | | | |  | |  |  |
| Slope/High Walls/Ground conditions | | |  |  |  | Weather (Dust, Rain, Snow, etc.) | | | | | | |  | |  |  |
| Noise | | |  |  |  | Berms (height, construction, guardrail, etc.) | | | | | | |  | |  |  |
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| **Machines and Guarding:** | | | **OK** | **NC** | **N/A** | **Emergency Equipment** | | | | | | | **OK** | | **NC** | **N/A** |
| Loose parts or guards | | |  |  |  | Eyewash/Safety shower | | | | | | |  | |  |  |
| Missing parts or guards | | |  |  |  | Evacuation alarms | | | | | | |  | |  |  |
| Lights (start-up, warning, alarm, etc.) | | |  |  |  | Evacuation routes and location signs | | | | | | |  | |  |  |
| Alarms (start-up, warning, backup, etc.) | | |  |  |  | Emergency lighting | | | | | | |  | |  |  |
| Connivances (pulleys, idlers, safety cables) | | |  |  |  |  | | | | | | |  | |  |  |
| Grinder (shield, gap, wheel condition, etc.) | | |  |  |  |  | | | | | | |  | |  |  |
| Emergency Stop Switch | | |  |  |  | **Fire Prevention** | | | | | | | **OK** | | **NC** | **N/A** |
| Whip checks | | |  |  |  | Restricted area equipment (tap gate, fuel island) | | | | | | |  | |  |  |
|  | | |  |  |  | Fire Extinguisher (charged, pin, keeper, tags) | | | | | | |  | |  |  |
|  | | |  |  |  | Fuel sources segregation | | | | | | |  | |  |  |
|  | | |  |  |  | Flammable cabinets (separation, vents, SDS,) | | | | | | |  | |  |  |
|  | | |  |  |  | Flammable/Combustible liquid cans (lid, leaks) | | | | | | |  | |  |  |
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|  | | |  |  |  |  | | | | | | |  | |  |  |
| **Electrical:** | | | **OK** | **NC** | **N/A** | **Waste Management:** | | | | | | | **OK** | | **NC** | **N/A** |
| Access to Disconnect (36” min.) | | |  |  |  | Container labels (correct, legible, attached) | | | | | | |  | |  |  |
| Hand tools (grounded, insulated, condition) | | |  |  |  | Container covers in place and secure | | | | | | |  | |  |  |
| Cords (condition, grounded, temporary) | | |  |  |  | Quantity/Condition of containers | | | | | | |  | |  |  |
| Receptacles and fixtures | | |  |  |  | Waste Segregation (metal, welding rod, municipal, industrial, hazardous, etc.) | | | | | | |  | |  |  |
| Labeling on electric gear | | |  |  |  |  | | | | | | |  | |  |  |
| Condition of boxes (mount, latch, knockout) | | |  |  |  |  | | | | | | |  | |  |  |
|  | | |  |  |  |  | | | | | | |  | |  |  |
|  | | | **OK** | **NC** | **N/A** | **Miscellaneous:** | | | | | | | **OK** | | **NC** | **N/A** |
|  | | |  |  |  | High-pressure cylinders (caps, separation, etc.) | | | | | | |  | |  |  |
|  | | |  |  |  | Oxygen station (leak, damage, shutoff, etc.) | | | | | | |  | |  |  |
|  | | |  |  |  |  | | | | | | |  | |  |  |
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| Corrective Action Required, Comments, Work Order#\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **Acknowledgement & Commitment to Safety: *I am responsible for my safety and my co-workers safety. I am obligated to stop unsafe work.*** | | | | | | | | | | | | | | | | |
| Payroll #: | Name: | | | | | | | | Company: | | | | | Initials: | | |
|  |  | | | | | | | |  | | | | |  | | |
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|  |  | | | | | | | |  | | | | |  | | |
| Supervisor: | | Payroll #: | | | | | | Contact #: | | | | | Date: | | | |