

# Field Visit Safety Audit

## General Information

<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced	Charity	Test
	<b>Auditor</b>	<b>Job Activity</b>
2024-09-24	Test	Charity
<b>Date</b>	<b>Location</b>	<b>Supervisor</b>
Time: 10:36:00		Tester
<b>Time</b>		

## Crew

<b>Employees</b>
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## Additional Crew

**Vehicle / Equipment**

Item	Yes	No	N/A	Notes
Proper Vehicle Placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel Chocks in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outriggers in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Lights in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Signs Used and Proper Placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Cones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bucket Liner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning & Testing Log Book	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle Inspection Book (Up-To-Date)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backup Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Personal Protective Equipment**

Item	Yes	No	N/A	Notes
Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Safety Glasses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Face Shield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Retardant Clothing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Safety Toe Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Leather Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Vest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubber Gloves	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fall Protection(Use & Inspection)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hearing Protectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand Line / Safety Line	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Air Monitoring / Sniffer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Slings Inspected (Condition Acceptable Y/N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Work Area**

Item	Yes	No	N/A	Notes
Flagman	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Stop/Slow Signs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Keep Pedestrians Out of Harms Way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Work Area Guards / Barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Atmospheric Test Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Material/Equipment Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area Policed After Job Completed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
"Safe Zone" Established	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### Safety Equipment

Item	Yes	No	N/A	Notes
First Aid Kit (Up To Date)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Charity
Fire Extinguisher (Monthly Inspection)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rubber Hoses/Rubber Blankets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pole Guards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ground Truck/Barricade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Switching & Tagging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Confined Space Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### The Job

Item	Yes	No	N/A	Notes
Pre-Job Briefing (Send Weekly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stretching Exercise (Daily)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Weekly Safety Mtgs. (Send Weekly)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### Comments

Testing

### Images

