

# Field Visit Safety Audit

## General Information

<input type="checkbox"/> Announced	Mike Giles	Setting Poles
<input checked="" type="checkbox"/> Unannounced		
	<b>Auditor</b>	<b>Job Activity</b>
2025-02-05	Stanley Rd. Winthrop	Craig Loranger
<b>Date</b>	<b>Location</b>	<b>Supervisor</b>
Time: 09:12:00		LS
<b>Time</b>		

## Crew

Employees
Guimond, Joshua
Pushard, Owen

## 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Personal Protective Equipment**

Item	Yes	No	N/A	Notes
Hard Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Face Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire Retardant Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toe Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	Push hard was just putting his on when I showed up
Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection(Use & Inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hearing Protectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hand Line / Safety Line	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Air Monitoring / Sniffer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Slings Inspected (Condition Acceptable Y/N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Work Area**

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

**Safety Equipment**

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

**Comments****GPS Location**

[Map](#)

# Images

**Pole Set Job Briefing**  
Recognize, Document, Review & Re-Evaluate if Anything Changes.

Customer: *CPS* Date: *2/28/2018*  
Job Order Number: *11705* Crew Chief: *[blank]*

**IN CASE OF EMERGENCY CALL 911**

Nearest Hospital: *North Greenwood (410) 548-1234 / 911*

Communications Available:  Radio  Satellite Phone  Other: \_\_\_\_\_  
 Name: *W. W. W.* City/Town: *WV* District & Voltage: \_\_\_\_\_ Work Location & Job Description: *Shady Side / Mt. Pleasant color*

Date: \_\_\_\_\_ City/Town: *WV* District & Voltage: \_\_\_\_\_ Work Location & Job Description: \_\_\_\_\_

Date: \_\_\_\_\_ City/Town: *WV* District & Voltage: \_\_\_\_\_ Work Location & Job Description: \_\_\_\_\_

Date: \_\_\_\_\_ City/Town: *WV* District & Voltage: \_\_\_\_\_ Work Location & Job Description: \_\_\_\_\_

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Date: \_\_\_\_\_ City/Town: *WV* District & Voltage: \_\_\_\_\_ Work Location & Job Description: \_\_\_\_\_

**What are the hazards associated with the job?**

Hazard	Mitigation	Prevent	Control
Electrical Contact	Isolation Method	Falling Objects	Signaling Method
Arc Flash Contact	Permit Process	Public Safety	Public Safety
Back Level	Prohibit Crane	Lifting Capacity	Weight Capacity
Stuck	Load/Off Limits	Clearance Obstructions	Clearance Obstructions
Unstable Vehicle	Check Capacity and	Equipment Condition	Equipment Condition
EV/MAD Zones	Prohibit	Prohibit	Prohibit
Employee Contact	Prohibit	Prohibit	Prohibit

Topics to be Covered with All Crew Members - Check off and discuss all that apply

Report All Safety Observations to the Crew Chief/Supervisor for the Job  All Personnel must be trained on safety  All Personnel must be trained on safety  All Personnel must be trained on safety

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Height of Top (ft)	Minimum Approach Distances (M.A.D.) in Feet	OSHA OSHA
0 to 2	1.5	1.5
2 to 10	3.0	3.0
10 to 20	4.0	4.0
20 to 35	6.0	6.0
35 to 45	10.0	10.0
45 to 60	15.0	15.0
60 to 75	20.0	20.0
75 to 90	30.0	30.0
90 to 110	40.0	40.0
110 to 150	60.0	60.0

Potential Problem Analysis (PPA) - What could go wrong?

Task	Job Site Problem	Prevent/Control	Mitigation	Contingency Plan

Attendance/sign-off table:

Employee #	Signature	Employee #	Signature
1		6	
2		7	
3		8	

