

General Information

<input type="checkbox"/> Announced	Michael Giles	Testing
<input checked="" type="checkbox"/> Unannounced		
	Auditor	Job Activity
2025-02-09	Test, TE	Dustin Washburn
Date	Location	Supervisor
Time: 15:22:00		Sr. Lead Line Worker
Time		

Crew

Employees
Bloomgren, Chris Ryan
Fogg, Andrew J
Boardman, Owen

Additional Crew

Flagger 1

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Note Note
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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Protectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand Line / Safety Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Monitoring / Sniffer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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

