

# Facility Safety Observation Report Summary

Date: \_\_\_\_\_

Auditor: \_\_\_\_\_

Facility: \_\_\_\_\_

Auditor: \_\_\_\_\_

<b>SECTION 1: PERSONAL PROTECTIVE EQUIPMENT</b>			
<b>1.1. Head Protection</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Worn in areas where required?			
2) In good overall condition?			
3) Worn facing the front except while performing welding or rigging tasks?			
<b>1.2. Eye / Face Protection</b>			
1) Employees are wearing ANSI Z87.1 safety glasses where potential eye hazards are present?			
2) The correct protection is being used for the task performed?			
3) Eye / Face protection is in good overall condition and is being worn?			
4) Is double eye protection utilized where performed?			
5) Clear glasses after dark or in confined spaces?			
<b>1.3. Foot Protection</b>			
1) Employees are wearing approved steel toe leather foot wear in the work area?			
2) Foot wear is in good overall condition?			
<b>1.4. Hand Protection</b>			
1) Hand protection is being used as required?			
2) The correct type is being worn. (ie High Temps, Chemicals, General Purpose)			
<b>1.5. Fall Protection</b>			
1) Fall protection is being used where required?			
2) Proper attachment points are being used?			
3) Lanyard is equipped with double locking snaps?			
4) Shock absorber is provided and suspension intact?			
<b>1.6. Hearing Protection</b>			
1) Hearing protection being used in assigned areas?			
<b>1.7. Body Protection (Nomex / FRC)</b>			
1) Nomex / FRC in good condition and worn correctly?			
<b>SECTION 2: MOBILE EQUIPMENT</b>			
<b>2.1. Fork Truck / Dirt Equipment / Hydraulic Crane</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Equipment is being used as designed?			
2) Inspections being performed as required. ((a.)Daily, (b.)Monthly, (c.)Annual (d)Hydraulic Cranes))?			
3) Deficiencies noted during inspections are being corrected when noted?			
4) Equipment is in good condition?			
5) Safety equipment (i.e., Seatbelts) is being used during operation?			
6) Back-Up alarms are operable. (Fork Trucks / Dirt Equipment Only)?			
7) Lift plans (where applicable) are prepared in accordance with existing procedures?			
8) Crane is positioned on a suitable surface. (Hydraulic Crane Only)?			
9) Potential electrical hazards are identified and are given distance considerations?			
<b>2.2. Aerial Lifts (Man Lifts, Scissor Lifts)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Operator has been properly certified for the equipment being used?			
2) Equipment is being used as designed?			
3) Aerial Lift is being used to lift personnel only?			
4) Inspections are being performed as required. ((a.) Daily (b.) Monthly)?			
5) Deficiencies noted during inspections are being corrected when noted?			
6) Equipment is in good condition?			
7) Fall protection used during operation?			

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8) Alarms are operable. (Audible?)			
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SECTION 3: Tools & Equipment			
3.1. Portable Electric Tools	YES	NO	N/A
1) Overall condition of tool and cord good & unplugged when not in use?			
2) Constant pressure switches on too?			
3) A GFCI is in use with the tool?			
4) Proper guards in place and being used properly?			
5) Stress relief device is installed on electric cord?			
6) Evidence of quarterly inspection readily visible?			
7) Electric cords routed overhead or in safe manner?			
8) Electric cords secured with non-conductive material?			
9) Ground prong on extension cord intact			
3.2. Fabrication Area	YES	NO	N/A
1) Temporary permit posted and current?			
2) Aerosol cans / flammable & combustibles out of hot work area?			
3) Power tools unplugged when not in use?			
4) Trip hazards in area?			
5) Oxygen / acetylene bottles capped and secure?			
6) Fire extinguished in immediate area and access not blocked?			
7) Guards on power tools?			
3.3. Hoisting and Lifting Equipment	YES	NO	N/A
1) Equipments rated capacity clearly visible?			
2) Hook safety latch in place and in good condition?			
3) Current inspection with proper color code?			
4) Load chart, angle indicator maintained and in good order?			
5) Flagman used where needed or required?			
6) Proper distance form power lines maintained?			
7) Barricades properly installed around swing radius?			
8) Tag lines used to maintain control of load?			
9) Rigging practices correct for task?			
10) All rigging material in good condition?			
11) Softeners used where required?			
3.4. Welding Machines	YES	NO	N/A
1) Welding machine in good condition?			
2) Chassis ground installed properly and in use?			
3) GFCI installed for electric tool use?			
4) Welding leads, stinger and ground clamps in good condition?			
5) Ground attached to work or as near as possible?			
6) Machine shutdown when not in use?			
7) Tongue jacks used and in good condition?			
8) Welding leads routed overhead or in a safe manner?			
9) Welding leads secured with non-conductive material?			
3.5. Oxygen / Acetylene Equipment	YES	NO	N/A
1) Oxygen / fuel cylinders stored in an upright position?			
2) Cylinders properly marked?			
3) Flashback arrestors and / or anti-reverse check valves installed?			
4) Gauges in good working condition and not over-pressured. 40o/15a?			
5) When not in use, are cylinder caps installed?			
6) Bulk storage areas for Oxygen / Acetylene physically separated or 5' wall installed between?			
7) All cylinders either in use or in bulk storage properly secured?			
8) Cutting hose in good condition?			

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9) Cylinders stored away from heat source?			
10) Hoses removed / disconnected from inside confined space when work is stopped?			
<b>3.6. Ladders</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Ladders used where required?			
2) Ladders equipped with anti-slide shoe devices on bottom?			
3) Ladder properly inspected and in good condition?			
4) Ladder properly positioned and secured?			
5) Rungs free from grease, oil or other slick surfaces?			
6) Ladder access unobstructed and extends at least 3' above platform?			
<b>3.7. Scaffolds</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Erected in accordance with appropriate OSHA standards?			
2) Plywood 3/4" used appropriately and where required?			
3) Toe boards installed?			
4) #18 gauge wire mesh installed on scaffold overt or near walkways?			
5) Hand rail and mid rail installed?			
6) Visible scaffold tag completed?			
7) Scaffold material in good condition and inspected?			
8) Erected under direction of a "Competent" Person?			
9) Scaffold braced or otherwise free of movement?			
10) Mud sills installed so as not to cause a trip hazard?			
11) Access ladder properly installed?			
<b>3.8. Miscellaneous Hand Tools</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Chisels, hammers wrenches, or other striking surface tools free of mushrooming?			
2) Tools used properly and for specific task for which designed?			
3) Impact socket, knuckle joints in good condition?			
4) Tools properly maintained and inspected?			
5) Tools which have been modified not in use?			
<b>3.9. Utility Hoses</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Utility hoses (white) equipped with Chicago Connector?			
2) All hoses are in good condition?			
3) All hoses are routed overhead or in a safe manner?			
4) Hose clips (safety clips) are installed in hose attachments?			
<b>3.10. X-Ray Equipment</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Area properly barricaded?			
2) Appropriate sign posted at perimeter?			
3) Properly equipped, (i.e., survey meter, film badge, dosimeter)?			
4) Proper permits obtained & posted?			
5) Adequate number of people posted to prevent entrance to unauthorized personnel?			
<b>SECTION 4: GENERAL WORK ENVIRONMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>4.1. Floors / Grating &amp; Working Surface</b>			
1) No slip, trip or fall hazards. (Uneven grating)?			
2) Floor openings closed, covered or guarded?			
3) Clean, orderly and free of oil and grease?			
4) Grates over surface or floor drain?			
<b>4.2. Lighting</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Sufficient lighting for work being performed?			
2) GFCI in use for portable lighting?			
3) 12 volt lighting where required?			
<b>4.3. Occupational Noise Considerations</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Hearing protection required signs located on perimeter of high noise areas?			
<b>4.4. Fire Protection / Prevention</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Fire extinguishers readily accessible where required?			

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2) Fire extinguishers with current inspection?			
3) Fire extinguishers location clearly marked?			
4) Fire extinguishers of the proper size & type?			
5) Flammables / combustible liquids kept in safety cans and are properly labeled?			
6) Trash & other combustible material kept away from heat source?			
<b>4.5. Housekeeping &amp; Sanitation</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Work area neat and orderly?			
2) Waste containers provided and used?			
3) Lunch / eating areas clean and free of food scraps?			
4) Wash facilities adequate and clean?			
5) Restrooms clean and adequately available?			
6) Adequate supply of drinking water? (Taped & Dated)?			
<b>4.6. Barricades</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Are barricades used to detour passage of persons or vehicles in hazardous areas?			
2) Are barricades used to warn of overhead work hazards?			
3) Are red barricades used to warn of imminent dangers?			
4) Are purple barricades used to warn of radiation hazards?			
5) Are wood or rigged barricades used for floor / wall openings and excavations?			
6) Are lights placed on road barricades for night time traffic?			
7) Are barricades used around swing radius of cranes?			
8) Are barricades removed when hazard has been removed?			
9) Are barricades tagged for specific hazards?			
10) Barricades are inadequately installed and maintained to protect workers?			
<b>SECTION 5: PROCEDURES</b>			
<b>5.1. Permits</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) All provisions of permit being followed?			
2) Permit posted at job site?			
3) All employees have read, signed and understand the permit?			
4) No work outside of the provision being performed?			
5) Appropriate permit issued for task?			
<b>5.2. Lockout / Tagout</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Being issued where required?			
2) Authorized contractor employee has installed LOTO devices?			
3) Locks / Tags unique to contractor?			
4) All potential energy sources identified on LOTO sheets?			
<b>5.3. Confined Spaces</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Proper permits maintained?			
2) Sign in/out log maintained for each contractor?			
3) Entry attendant assigned and familiar with requirements?			
4) Ventilation (mechanical) installed?			
5) All personnel trained in their specific tasks?			
6) Method of communication established?			
7) Entry points unobstructed?			
8) Signs posted at each entry point?			
<b>5.4. Hazard Communications</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) MSDS readily available?			
2) Employees knowledgeable in obtaining information on hazardous chemicals?			
3) Labels on drums and containers?			
4) Proper Personal Protective Equipment being used?			
5) Proper storage of material as required (fire cabinet etc.)?			
6) Proper absorbent or spill control material on site?			
<b>5.5. Emergency Procedures</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>

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1) Employees familiar with unit evacuation?			
2) Familiar with designated areas?			
3) Shelter in place areas designated and known by employees?			
<b>5.6. Miscellaneous Contractor Procedures</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) JSA completed and available?			
2) JSA identifies task and hazards?			
3) JSA signed by all employees?			
4) Personal H2S monitor not covered by clothing and worn by employees?			
5) Personal H2S Monitor properly tested?			
<b>SECTION 6: RESPIRATORY PROTECTION</b>			
<b>6.1. Respirator Use</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Respirator selection is appropriate for the task?			
2) Being used where required?			
3) Employees are properly fit tested?			
4) Respirators are being used appropriately?			
5) Respirators are being maintained in a sanitary condition & disposed of properly?			
<b>6.2. Supplied Air Respirator</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Respirators are properly maintained?			
2) Air supply hose does not exceed 300'?			
3) Hose fittings are compatible with equipment manufacturer?			
4) Air supply system is adequate for the number of persons on the task?			
5) Stand-by person is at the job site and the work is within sight?			
6) Bottle watch stationed at worksite?			
7) If a compressor is used to supply breathing air:			
a) A Carbon Monitor is installed and working properly?			
b) A High Temperature Alarm is installed and working properly?			
c) An air filtration device is installed and in good condition?			
<b>SECTION 7: GENERAL WORK PRACTICES</b>			
<b>7.1. Spark Containment</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Sparks are contained in the immediate work area?			
2) Sparks containment is properly maintained & fire blankets in good condition?			
3) Fire watch present at the jobsite?			
<b>7.2. Body Use &amp; Position</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Employees working out of line of fire?			
2) Using proper safe body techniques while walking on, climbing on, or gaining access to work location?			
3) Employees are not placing part or all of the body in a position to be caught between objects?			
4) Employees are performing work from or on stable surface?			
5) Employees are using proper work techniques when working around material that contains high temperatures?			
<b>SECTION 8: OVERHEAD FALLING OBJECT PROTECTION</b>			
<b>8.1. Spark Containment</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Is orange netting necessary to provide protection against falling objects from elevated platform?			
2) If netting is used, does it extend from the deck to the top rail?			
3) Is the netting attached to floor to prevent tools / materials from falling to a lower level?			
4) Are barricades (red) being used where the work activities require the use of tools / materials to be handled outside the netting?			

