

# FCI CONSTRUCTORS, INC.

# SITE SAFETY INSPECTION COMPLIANCE REPORT

JOB # \_\_\_\_\_ PROJECT/LOCATION \_\_\_\_\_ STATE \_\_\_\_\_ DATE \_\_\_\_\_

INSPECTOR \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

TYPE OF INSPECTION  WEEKLY  PERIODIC  FOLLOW-UP

**NOTE:** Perform safety and compliance inspections weekly. Record any unsafe practices or conditions with corrective action noted. Follow-up inspection is required on any unsatisfactory items noted or not corrected at time of inspection.

✓ Yes  if satisfactory; ✓ No  if unsatisfactory; ✓ N/A  if Not Applicable; ✓ Corrected  if Action Taken

	Yes	No	N/A	Corrected
<b>1. OFFICE AREA-BULLETIN BOARD</b>				
a. OSHA & State Posters current / on display - (OSHA Form 300 Feb.- April)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety and Hazard Communication Program onsite - MSDS's on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. First Aid kit on site and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bulletin Board neat, Emergency #'s Posted, Stormwater Plan (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Tool Box Safety Meetings and Inspection Reports conducted & on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. PERSONAL PROTECTIVE EQUIPMENT</b>				
a. Hard hats worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Safety glasses available and in use where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ear protection provided – Adequate footwear worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Safety belts, harnesses, lifelines available and in use where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Respirators or Dust Masks available and in use where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. "FOCUSED" INSPECTION ITEMS</b>				
a. Struck-by hazards addressed (hard hats, safety glasses, shields, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Excavation hazards addressed (slopes, barricades, confined space, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Electrical hazards addressed (GFI's, lock-out/tag-out, cords, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fall hazards addressed (scaffolds, lifts, roofs, leading edges, steel, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. EXCAVATIONS</b>				
a. Utility Companies notified and utilities marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overhead lines identified and proper clearance maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Excavations sloped, benched or shored as per OSHA standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Spoil piles set back 2-foot minimum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Trench access - ladders or ramps provided at 25 ft travel distance spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Excavations inspected by competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. BARRICADES/BARRIERS/WARNINGS</b>				
a. Placed around open excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Placed around floor openings and leading edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Placed around hazardous equipment or materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Protection to public provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. WELDING, BRAZING, CUTTING</b>				
a. Fire protection provided - Cylinders stored in ventilated area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cylinders secured and gauges/valves in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Welding flash protection used in public view areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. TOOLS</b>				
a. Guards and shields in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tools free of defects and grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cords and connections in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Corrected
<b>8. ELECTRICAL</b>				
a. Lockout - Tagout procedures in use when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Temporary power panel wired properly, secured and protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. GFI's provided and functional with all construction power GFI protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Temporary light strings in compliance with bulb guards installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Junction boxes covered, cover plates on light switches and receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Extension cords in good condition and construction grade rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Extension cord end connections in good condition & strain relief provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Circuits prevented from overload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Adequate lighting in work area, stairways, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. SCAFFOLDS/LADDERS</b>				
a. Proper type and erected properly by competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Scaffold components free of physical defects and proper access provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Scaffold grade planking in use, fully planked and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Guard rails above 10 feet with toe boards installed where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wheel locks provided and locked when in use on rolling scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Base plates under all scaffold legs and mud sills used on exterior setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ladders secured, extend 3' above landing, in good condition, duty rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. HOUSEKEEPING</b>				
a. Aisles, exits, entrances, stairways, and walkways clear and free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Waste and trash containers provided and in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Public view areas neat and cleaned up - portable toilets clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Temporary storage areas orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. MATERIAL HANDLING</b>				
a. Crane inspection verification and rigging inspected regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mechanical lifting devices in compliance - forklift operators certified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. CONCRETE</b>				
a. Rebar impalement protection - fall protection on walls, multi-levels, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Forms adequately braced & secured, particularly wall and deck form work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. OTHER</b>				
a. Fire protection provided, exits posted and emergency accessways clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hazardous chemicals list and MSDS's used with proper PPE used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Motorized equipment in compliance, back-up alarms, ventilation provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flammable fuels labeled, stored properly and in approved containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unsafe tools or equipment tagged or taken out of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Safety belts and harnesses in use and tied off properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fall Protection Plan on site with site specific implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Confined Space issues addressed with monitoring performed, if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Silica exposure issues addressed (wet cut at stationary saws)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Stormwater Management Plan (SWMP) - plan onsite if required, sediment and erosion controls in place, inspected weekly and after rains or snow melt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. REMARKS: List reasons for unsatisfactory rating and actions taken. Example: 9.c. Scaffold plank on order, tagged "out of service" until replacement. Also, identify any other hazards or stormwater problems and corrective actions taken.

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Signatures: Inspected By \_\_\_\_\_ Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
Superintendent

Safety Director \_\_\_\_\_ Date \_\_\_\_\_