

## Conewago Safety Inspection Report

Job No: (xx-xxxx) <input style="width: 90%;" type="text"/>	Prepared By: <input style="width: 90%;" type="text"/>
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Job Name: <input style="width: 90%;" type="text"/>	Date: (--/--/--) <input style="width: 90%;" type="text"/>
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PERSONAL PROTECTIVE ISSUES	LADDERS/STAIRS/SCAFFOLDS	EXCAVATIONS
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Eye Protection being used	Ladders in good condition	Open excavations secured
Hand Protection as required	Proper use of ladders	Spoil Piles set back 2 feet
Foot Protection used/good condition	Ladders extend 3' above landing	Competent Person Onsite
Hard Hats in use/good condition	No step greater than 19 inches	Check for Utilities (1 call)
Proper work clothing	Scaffolds erected Properly	Access/Egress @ 25 feet
Ear Protection needed	Competent Scaffold Person Onsite	Sloped Properly

ELECTRICAL SAFETY ISSUES	FALL PROTECTION
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Electrical Panels Exposures	Fall Protection Plan Onsite	100% Fall Protection over 6 ft
Overhead Electric Hazards	Wall & Floor Openings Protected	Controlled Access on Roof
Electrical Cords	Guardrails as needed	Warning Lines as needed
GFCIs used as required	Appropriate PPE in Use	Rebar Caps in use
Temporary Electric & Lighting	Aerial Lift Use	Anchorage Points

SAFETY / HEALTH ISSUES
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Housekeeping	Guards on all saws, grinders, etc.	LO/TO used where needed
MSDS onsite and available	Flashback arrestors on torches	Confined Space Permits use
Respirators in use as needed	Compressed Gas Storage/Usage	Flammable Containers/Storage
Containers labeled properly	No Caught-Between Hazards	Subcontractor Compliance
Equipment (seatbelts, alarms, glass, etc)	First Aid Kit/Emergency Listings	Respirators Use as needed

Comments:

Supervisor / Foreman  
Signature:

Date: