Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe activity taking place at time of inspection (includes trades on site): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CATEGORY** | **MEETS**  **REQUIREMENTS** | | | **HAZARD DESCRIPTION** | **HOW ABATED?** | **DATE ABATED** |
| **YES** | **NO** | **N/A** |
| **PPE** |  |  |  |  |  |  |
| **Fall Protection** |  |  |  |  |  |  |
| **Guardrails / Handrails** |  |  |  |  |  |  |
| **Scaffolding** |  |  |  |  |  |  |
| **Ladders** |  |  |  |  |  |  |
| **Electrical** |  |  |  |  |  |  |
| **Crystalline Silica** |  |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |  |
| **Tools** |  |  |  |  |  |  |
| **Access / Egress** |  |  |  |  |  |  |
| **Housekeeping** |  |  |  |  |  |  |
| **Fire Protection** |  |  |  |  |  |  |
| **Hazard Communication** |  |  |  |  |  |  |
| **Other:** |  |  |  |  |  |  |

Additional Comments/Recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inspector Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_