

Central Plateau Cleanup Company  
**SAFETY AND HEALTH INSPECTION CHECKLIST**

<b>1. Contractor:</b>	<b>2. Project:</b>	<b>3. Responsible FWS/Manager:</b>	<b>4. Performed By:</b>
<b>5. Date:</b>	<b>6. Time:</b>	<b>7. Work Package/Procedure No.:</b>	<b>8. Location/Facility:</b>

**9. Brief Description of Work Activity:**

<u>Industrial Safety</u>	Sat	Unsat	N/A	<u>Industrial Hygiene</u>	Sat	Unsat	N/A
10. Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Biological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Elevating Work Platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Chemical Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Cold Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Compressed Gasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Falling Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Heat Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. First Aid/AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Hand/Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Monitoring/Sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Hoisting & Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Silica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Toxic Metals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Safety Showers/Eyewash Stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Machine Guarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Ventilation/IAQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Material Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Means of Egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Overhead Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Documents/Permits</u>	<b>Sat</b>	<b>Unsat</b>	<b>N/A</b>
28. Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Job Hazard Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Applicable Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Signs, Tags, & Barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Pre-Job Briefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Slips, Trips, & Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Required Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Equipment Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SAFETY AND HEALTH INSPECTION CHECKLIST** (Continued)

**57. Describe all unsatisfactory items observed and document Action Requests in iCAS for noncompliance items.**

Unsatisfactory Item:	Location:
Description of Unsatisfactory Item and any Corrective Actions Taken:	
Follow up resolution required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Request Number (if applicable):

Unsatisfactory Item:	Location:
Description of Unsatisfactory Item and any Corrective Actions Taken:	
Follow up resolution required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Request Number (if applicable):

Unsatisfactory Item:	Location:
Description of Unsatisfactory Item and any Corrective Actions Taken:	
Follow up resolution required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Request Number (if applicable):

**58. Describe satisfactory items observed: (optional)**

**59. General Comments: (optional)**