



SSC Construction Safety Weekly Inspection

Project: _____ Contractor: _____ Date: _____

1. TRAFFIC CONTROL				2. FALL PROTECTION			
	YES	NO	NA		YES	NO	NA
(a) Does site require traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Employees working above 6'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Flag men required/proper position/Slow-Stop paddles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Proper fall protection in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Proper signage in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Fall protection inspected each shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Cones and barricades in position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) If a cable top rail is used, is it marked every 6 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Vehicles in a proper position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Top, mid rails and Toe Boards correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Following approved Traffic Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Holes properly covered and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SCAFFOLDS AND LADDERS				(g) Employees wearing fall protection equipment properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Scaffold in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Employees using proper tie off points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Proper egress and access provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Rescue plan in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Scaffold constructed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. PERSONAL PROTECTIVE EQUIPMENT			
(d) All scaffold inspected prior to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) All employees wearing hard hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) SSC Scaffold tags in place/current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Employees wearing eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Ladders being used/constructed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) All employees wearing proper footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Ladders in proper positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) All employees wearing Hi-Vis garments when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Ladders secured at the top and bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Gloves being worn when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Ladders being regularly inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Respirators being worn when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. HOUSEKEEPING				(g) Face shields being worn when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Overall housekeeping acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Hearing protection used when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Drinking water on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. CUTTING / WELDING			
(c) Trash Receptacles provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) SSC Burn Permit/Atmospheric tags current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Trash being removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Extended Permits copied/signed/nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Nails withdrawn from used lumber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Do units have flashback protectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Tripping hazards reduced or eliminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Do carts have fire walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Material/equipment stored correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Protective curtain used when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Enough toilets on site for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Containers properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Toilets being maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Fire extinguisher every 3000 sq. ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) First Aid kit in the building/on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Extinguisher within 25 feet of flammables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. EXCAVATION AND TRENCHING				(i) Fire Watch present / trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) SSC Dig Permit issued/all signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. ELECTRICAL AND POWER / HAND TOOLS			
(b) Trench deeper than 4'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) GFCI/Assured Equipment Grounding protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Ladder or egress every 25'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Cords in good working condition, no cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Excavation sloped/shored correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) All extension cords have ground plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Spoil back 2 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Power tools in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Perimeter protection in place/normal and after hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Guards in place and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Standing water removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Powder actuated tools being used safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ELECTRICAL				(g) Warning signs in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Temporary power grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Tools inspected and marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Electric panels properly marked and secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Hand tools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) All energized circuits properly protected from contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. MOVING EQUIPMENT			
(d) LO/TO properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Equipment inspection forms current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Temporary lighting sufficient/protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Operator's properly trained/certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. DOCUMENTATION				(c) Seat Belts used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) AHA/SPA current/accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Horns/Back-up alarms/spotters used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) OSHA & NASA posters/OSHA regulations/MSDS on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Employees kept clear of suspended loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Are there any safety findings/ If yes, list below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Proper warnings/exclusion/clear zones/barricades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Safety Professional: _____

Site Representative: _____