

Form Number LLCF-065	Issue Date 03/07/16	Revision Date 01/15/25	Form Number LLCF-065
	Supervisor-Foreman Daily Inspection		

Contractor _____ Location _____

Date _____ Auditor(s) _____

Time _____

Please indicate with a check mark if the following items were in compliance and if problems were corrected.			
Items	Yes	No	Corrected?
1. Is proper PPE in use/being used properly? Eye/face, gloves, hearing, Nomex, respirators, etc.			
2. Is proper work permit on site/being followed? Check all permit requirements, fire watch, hole watch.			
3. Housekeeping Loose scrap material, trash cans, hoses/leads, etc.			
4. Are the proper fall protection systems in place and being used? Harness/lanyard cond., fall arrest syst., 100% tie off above 6 ft.			
5. Are scaffolds properly constructed and tagged? Tags must be current/match scaffold condition.			
6. Are barricades properly installed, functional? Hard barricades where needed, no open sides, down when done.			
7. Have you checked all mobile equipment? Daily checklists, condition, manuals, fire ext., Operator Certification.			
8. Is rigging performed properly? Rigging condition, practices, storage, flagmen and inspections.			
9. Has electrical work/equipment been checked? Equip. grounds, GFCI's tested daily, equip. inspected.			
10. Is hot work being performed safely? Sewers covered, fire contained, ext. on hand.			
11. Is material stored properly? Tools, rigging, job materials, flammables.			
12. Are excavations properly sloped, shored, shielded? Daily inspections, ladders every 25 ft., permits, hole watch?			
13. Are compressed gas cylinders secured properly (chain/wire) Regulators off/capped not in use, flashback arrestor one end?			
14. Have you observed employee's working for at least 10 minutes and looking only for unsafe acts/conditions?			

Comments:

This report is to be done daily by job supervisor or foreman and submitted to Project Safety Department.