The information provided here is for informational and educational purposes and current as of the date of publication. The information is not a substitute for legal advice. Consult your attorney for advice concerning specific situations.



Onsite Safety Assessment Checklist

Date:	
City:	Address:
Phone Number:	Email:
Name:	Title:
Department:	Number of Employees:

	Yes	No	Comments
Do you conduct initial new hire orientation?			
	Yes	No	
2. Are there First Aid kits located in all buildings and			
vehicles?	Yes	No	
3. Are there a fire extinguishers one per floor, per 3,000			
sq.\ft. with less than 50-75' of travel in each building	Yes	No	
? Class A,C,D-75' B-50'			
a) Monthly inspections?			
dy Worlding Inspections.	Yes	No	
b) Annual inspections?			
·	Yes	No	
c) Fire Extinguisher training?			
	Yes	No	
4. Have any reportable accidents/injuries occurred?			
	Yes	No	
5. Is there an employee trained in First Aid/CPR at this sit			
	Yes	No	
6. Are emergency phone numbers posted? (With the site			
address)	Yes	No	
7. Does your city have a written comprehensive safety	V		
program?	Yes	No	
8. Do you hold safety meetings?	Vac	No.	
O Are posidoreta investigate do	Yes	No	
9. Are accidents investigated?	Yes	No	
10. Does city provide safety training to employees?	165	INO	
10. Does city provide safety training to employees?	Yes	No	
11. Is there an OSHA Poster on site?	163	140	
11. IS there an oshivi oster on site:	Yes	No	

	31		
12. Is the OSHA 300 form Maintained? (Risk Manager)			
	Yes	No	
13. Is the OSHA 300A log posted from Feb 01 to April 30			
	Yes	No	
14. Are there any buildings with temporary power?			
	Yes	No	
15. Do you have chemicals that fall under the written hazard			
communication program?	Yes	No	
a)What materials?			
	Yes	No	
16. Does your city have a written hazard communication			
program on site?	Yes	No	
17. Do you have a written list of all hazardous substances on	1		
site?	Yes	No	
18. Do you have all containers of hazardous substances	1.03	1.10	
labeled?	Yes	No	
19. Do you have the safety data sheets on site?	163	140	
19. Do you have the safety data sheets on site:	Vos	No	
20. Danisan ann danisa harra harra danisan irration	Yes	No	
20. Do your employees have hazard communication			
training?	Yes	No	
a) Has your city performed the updated GHS training?			
	Yes	No	
21. Are any of your employees exposed to the hazards of			
falling?	Yes	No	
22. Has your city provided them with fall protection			
training?	Yes	No	
23. Has this training been documented?			
	Yes	No	
24. Have employees been trained on safe use of ladders?			
· ·	Yes	No	
25. Have you done a PPE hazard assessment?			
•	Yes	No	
26. Have all of your employees been trained on proper PPE			
usage?	Yes	No	
27. Do you have an emergency action plan? Plan for less	1.05		
than 10 employees can be verbal.	Yes	No	
28. Do you have employees that operate a forklift?	1.03	110	
20. Do you have employees that operate a forklift!	Yes	No	
20. Have those employees heer street feathlift training 2	162	INU	
29. Have those employees been given forklift training?	Vas	N.	
A Harden at the Land	Yes	No	
a) Has this training been documented?	1		
	Yes	No	
b) Have EE's been recertified every three years?			
	Yes	No	

30. Are you doing any trenching or excavations on site?			
31. Documented training?	Yes	No	
a) Underground utilities marked?			
,	Yes	No	
b) Trench box or sloping required?			
z, menen sen er ereping regunear	Yes	No	
c) Competent Person on site? Employee Name:	1		
cycompetent reson on site. Employee Hames	Yes	No	
32. Do you have employees that enter confined			
spaces/PRCS?	Yes	No	
spaces/Tites:	103		
33. Does your city have a written PRCS program?		 	
33. Does your city have a written rives program:	Yes	No	
a)Competent person for your city? Employee Name	103	140	
a) Competent person for your city: Employee Name	Yes	No	
34. Have those employees been trained for their duties	163	NO	
assigned under this standard? (entrant, attendant,	Yes	No	
supervisor, and rescue)	163	NO	
35. Have you done a silica exposure assessment? (Table 1	Vaa	No	
Assessment)	Yes	No	
36. Do your employees operate a crane or boom truck?		.	
	Yes	No	
a) Are the crane operators certified or qualified?			
	Yes	No	
b) Are the riggers qualified?			
	Yes	No	
c) Are the signal persons qualified?			
	Yes	No	
37. Does your WWTP/WTP have over 1500 lbs. of chlorine or			
sulfur dioxide?	Yes	No	
38. Does your city have a written PSM program?			
	Yes	No	
39. Are operators trained under the PSM Standard?			
Refresher every three years?	Yes	No	
40. Have you completed the 5 year required hazard analysis			
for PSM?	Yes	No	
41. Do your employees have to wear respirators?			
	Yes	No	
42. Does your city have a written respirator program?			
	Yes	No	
43. Have those employees had a medical evaluation?			
	Yes	No	
44. Have those employees been fit tested?			
	Yes	No	



45. Have those employees been trained per 1910.134(k)(1)?		
	Yes	No
46. Are your employees trained in emergency spill/leak		
procedures?	Yes	No
47. Hot works permit system in place and followed?		
	Yes	No
48. Are your employees using scaffolding?		
	Yes	No
a) Competent person on site? Employee name:		
	Yes	No
49. Have all of your employees that use a scaffold been		
trained to work from that scaffold?	Yes	No
50. If your employees use aerial lifts, have they been trained		
on the type of Lift they are using?	Yes	No