



Supervisor Weekly Job Site Inspection Checklist

Project Name:	Project #:
Inspected By:	Date:
Supervisor Signature:	

	Yes	No	N/A		Yes	No	N/A
POSTINGS				ADMINISTRATION			
Notice of Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation (documents for all site personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA & Reg. 213/91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tailboards Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Policy (current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JSA completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence & Harassment Policy (current)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contacts & Response Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly Safety Talks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WSIB In Case of Injury Poster (form 82)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Traffic Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Regulation (1101)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Form 100 available for all subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clearance certificates for all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Standards Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PPE Poster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRST AID & SANITATION			
WHMIS 2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facilities cleaned and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid designate appointed (ROT Posted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				First aid kit checked and stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT				First aid kit in each vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye wash station available and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potable water on site & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate number of washrooms/facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High visibility clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fire resistant clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KETTLE / PROPANE			
Fall protection inspected and worn properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs posted to identify potential hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PPE Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate barriers being used (Fencing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Proper Fire Extinguisher(s) Within Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS & HOUSEKEEPING				Maintenance Records In Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Kettle Parts in Proper Working Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site access and aisle ways free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Properly Trained User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage, scrap & debris removed regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Adequate ramps/ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TOOLS & EQUIPMENT			
Office & storage clean & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tool/Equipment inspections complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Guards and cords in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHMIS 2015				Red tag program in use/available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers trained & records available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
(M)SDS on site & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE PREVENTION			
Containers properly labelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required number of fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate/proper storage on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Properly located/inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Flammable and explosive materials stored and conspicuously labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOIST				All vehicles and other mobile equipment provided with fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thorough Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foundation Stable/In Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Maintenance Records In Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
All Parts Properly Mounted/Connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Properly Trained User	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

