



**Internal HSE Audit  
Hinds Safety Form**

Doc. #:	HS-14-F-026
Issue Date:	05-Mar-2018
Rev. Date:	30-Mar-2019
Rev.#	01

<b>Project Name:</b>		<b>Date of Audit:</b>	
<b>Project Number:</b>		<b>Time of Audit:</b>	
<b>Auditors:</b>	<b>Lead:</b>	<b>Co-Lead:</b>	
		<b>Total Audit Score:</b>	
		<b>(Yes/#Applicable )</b>	<b>Pass?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Documentation		Yes	No	N/A
1.1	Is the current Hinds Safety HSE Manual available and accessible?			
1.2	Are Sub Contractor Safety Manuals available?			
1.3	Has an Emergency Response Plan been created?			
1.4	Are Orientations being completed?			
1.5	Are Hazard Assessments being completed?			
1.6	Are Hazard Assessments being updated as conditions change?			
1.7	Are signed Subcontractor Safety Policies on site?			
1.8	Are Orientation/WHMIS 2015 Quiz being completed?			
1.9	Are FLHA being completed?			
1.10	Are FLHA's being signed by Worker's Supervisor?			
1.11	Are Safety Talks taking place on a weekly basis?			
1.12	Are JHSC Meetings taking place as required?			
1.13	Are training records available?			
1.14	Are workers trained in the use of Fire Extinguishers?			
1.15	Are workers WHMIS Trained?			
1.16	Are Weekly Safety Inspections up to date?			
1.17	Are Weekly Safety Inspections reviewed by General Manager or Director?			
1.18	Are Accidents/Incidents investigated?			
1.19	Are Incident Investigation's reviewed by the General Manager or Director?			
1.20	Are Witness Statements being completed?			
1.21	Is the sig-in sign-out being maintained?			
1.22	Are Equipment Daily Checklists completed?			
1.23	Are Portable Tools & Equipment Checklists completed?			
1.24	Are Monthly Reports submitted prior to the 25 <sup>th</sup> of every month?			
1.25	Is the Hinds Safety Disciplinary process being followed?			
1.26	Has the Emergency Response Plan been tested?			
<b>Documentation Score</b>				



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2. Observation		Yes	No	N/A
2.1	Is the required First Aid Safety Station in place?			
2.3	Is required signage/flagging in place?			
2.4	Are spill kits available?			
2.5	Are Fire extinguishers available?			
2.6	Are Fire extinguishers inspected?			
2.7	Is Heavy equipment equipped with Fire extinguishers?			
2.8	Are damaged tools/equipment tagged and/or removed from site?			
2.9	Are Pre-Operational Checks taking place			
2.10	Is PPE available?			
2.11	Is PPE being used as required?			
2.12	Is PPE certified as required?			
2.13	Is PPE inspected as required?			
2.14	Have controls been implemented as per Hazard Assessments?			
2.15	Are evacuation stations in place?			
2.16	Have Muster/Meeting Area's been identified?			
2.17	Are Muster signs posted?			
2.18	Are workers working at heights appropriately protected?			
2.19	Is the current Corporate Safety Policy Posted?			
2.20	Are the Emergency Contacts Posted?			
2.21	Are the Hospital Directions Posted?			
2.22	Is the Emergency Response Plan Posted?			
2.23	Are the JOSH Minutes Posted?			
2.24	Is the Designated Competent Person Posted?			
2.25	Is the Positive Incentive Program being implemented?			
2.26	Are Incidents being reported to the HSE Manager/CEO?			
2.27	Are Incidents reviewed by Supervisor?			
2.28	Are Incidents reviewed by Director?			
2.29	Are Incidents reviewed by General Manager?			
2.30	Are FLHA's attached to Investigation reports?			
2.31	Have corrective actions been implemented?			
2.32	Are environmental protection controls in place?			
2.33	Is housekeeping being maintained?			
2.34	Is supplied electricity GFCI protected?			
2.35	Are Job Procedures in place and adhered to for specific tasks?			
2.36	Does there seem to be a positive safety culture present?			
2.37	Has the previous Safety Audit been reviewed by all required parties?			
2.38	Have previous Safety Audit recommendations been implemented?			
2.39	Are Working Alone Procedure forms (5.6.2) completed as required?			
<b>Observation Score</b>				





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Description of Critical Items Requiring Correction	Person Assigned to Corrective Action	Due Date	Date Complete
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

<b>Sign Off</b> <i>I certify that the Critical Items listed above have been corrected.</i>	
<b>HSE Advisor (Print)</b>	<b>HSE Advisor (Signature)</b>
<b>General Manager (Print)</b>	<b>General Manager (Signature)</b>
<b>Director (Print)</b>	<b>Director (Signature)</b>