

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

Project Name:			Date of Auc	lit:		
Project Number:			Time of Au	dit:		
Auditors:	Lea	ad:	Co-Lead:			
			Total Audit S	core:		
			(Yes/#Applic	able)	Pass?	☐ Yes ☐ No

1. Documentation Is the current Hinds Safety HSE Manual available and accessible? Are Sub Contractor Safety Manuals available? 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 WHMIS Trained? 1.15 Are weekly Safety Inspections up to date? 1.16 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? 1.10 Are Equipment Daily Checklists completed? 1.11 Are Equipment Daily Checklists completed? 1.12 Are Portable Tools & Equipment Checklists completed? 1.13 Are Portable Tools & Equipment Pole Porcess Poccess P	1 5		V		21/2
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Documentation Score	1.26	Has the Emergency Response Plan been tested?			
		Documentation Score			



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2. (Dbservation	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?			
	Observation Score			



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3ln	terviews	Yes	No	N/A
3.1	Have workers received Hinds Safety Orientations?			
3.2	Have workers completed the Orientation & WHMIS Quiz?			
3.3	Are workers aware of their rights?			
3.4	Have workers been made aware of the site hazards?			
3.5	Are worker aware of the Emergency Response Plan?			
3.6	Are workers completing and updating daily FLHAs?			
3.7	Are workers aware of the JOSH Committee?			
3.8	Are workers aware of the Working Alone Procedures?			
	Observation Score			
	•			
		F		
	TOTAL SCORE			

Audit Element	Comment



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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.			

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