

Client Company: \_\_\_\_\_

Job-Site Location: \_\_\_\_\_

Date: \_\_\_\_\_

**General Safety and Health**

1. Have documented safety meetings been conducted? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_
2. Have documented safety orientation for all new employees been completed? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_
3. Have safety violations been identified and documented? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_
4. Have violations been corrected and documented? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_
5. Have job specific fall protection procedures been documented? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

**Hazard Communication**

1. Has documented training been completed for all new employees exposed to hazardous material? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_
2. Are MSDS/SDS sheets maintained for each hazardous substance used? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_
3. Are all MSDS/SDS sheets stored in a conspicuous area where all employees have access? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_
4. Has retraining been provided when a products is introduced? Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

5. Is each container of a hazardous substance labeled with product identity and hazard warnings communicating the specific health and physical hazards?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

### **Hazardous Material Handling and Storage**

1. Are flammable and combustible materials stored, handled and used in accordance with safe practices and standards? If not applicable skip section.

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

2. Are combustible scrap, debris and waste materials as well as solvent wastes and flammable liquids kept in proper covered waste containers and removed from the work-site promptly?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

3. Are all containers properly labeled?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

### **Personal Protective Equipment (PPE)**

1. Has a documented assessment of the work place been conducted to determine what PPE is necessary?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

2. Has proper PPE been provided for each employee?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

3. Is PPE properly stored and kept in clean and sanitary condition?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

4. Have employees been trained on PPE necessary for each job or task, when it is required and how to properly adjust?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

## Eye Protection

1. Are protective goggles or face shield provided and worn where there is any danger of flying particles or corrosive materials?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

2. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

3. Are employees who require corrective lenses also required to wear only approved safety glasses, protective goggles, or other medically approved eye protection?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

## Head protection

1. Are hard hats provided and worn where the danger of falling objects exists?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

2. Are hard hats inspected periodically for damage to the shell and suspension?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

## Foot protection

1. Is appropriate foot protection required where there is risk of foot injuries from hot, corrosive or poisonous substances, falling objects, slipping and crushing or penetrating actions?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

## Fall Protection

1. Has fall protection been provided and worn when conditions require use?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

2. Has documented fall protection training been conducted?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

3. Have job specific fall protection requirements been completed prior to engaging in roofing operations?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

**Fire Safety**

1. Are "No Smoking" signs posted and rules enforced appropriately in areas where flammable or combustible material are used or stored?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

2. Are fire extinguishers selected and provided for the types of materials in areas where they are to be used?  
• Class A Ordinary combustible material fires.  
• Class B Flammable liquid, gas or grease fires.  
• Class C Energized-electrical equipment fires.  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

3. Are appropriate fire extinguishers mounted within 75 ft. of outside areas containing flammable liquids, and 10 ft. of any inside storage area for such materials?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

4. Are fire extinguishers free from obstructions or blockage?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

5. Are all extinguishers serviced, maintained and tagged at intervals not to exceed 1 year?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

6. Are all extinguishers full and in their designated places?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

**Power Tools and Equipment**

1. Are all tools and equipment used by employees in good working condition?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

2. Are all employees trained in the hazards caused by faulty or improperly used hand tools?  
Y\_\_N\_\_ N/A\_\_  
Comments: \_\_\_\_\_

3. Are tools cutting edges kept sharp so the tool will cut smoothly without binding or skipping?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

4. Are all tools and equipment properly guarded and are the guards checked regularly to assure they are working properly?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

5. Are all cords connected to tools and equipment effectively grounded, in good condition and the approved double insulated?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

### **Electrical Safety**

1. Do extension cords being used have a ground conductor?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

2. Is exposed wiring and cords with frayed or deteriorated insulation properly repaired or replace promptly?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

### **General Work Environment**

1. Is job-site kept clear of debris?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

2. Are walking surfaces kept clear of debris?

Y\_\_N\_\_ N/A\_\_

Comments: \_\_\_\_\_

General Notes:

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Inspection Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_