

On Site Safety Inspection

Date: _____ Time: _____ Job: _____

Foreman: _____

Has the superintendent performed his daily JHA? _____

All employees using regular PPE appropriately? _____

What items are they using:

Have all the equipment operators performed their daily equipment checklist? _____

Is the daily equipment checklist on their person/machine? _____

Notes about the use/operation of equipment:

Any special tasks being performed? _____

Notes about the specific tasks:

General notes/thoughts from the job:

Corrective actions needed:

STOMPER COMPANY, INC.