| Field Inspection Related Information | |
| --- | --- |
| 1. General Information | |
| Inspection Participants |  |
| Location |  |
| Date |  |
| 2. Contractor Information | |
| Contractor Company Name: |  |
| Contract Number: |  |
| Contract Title: |  |
| Number of employees supporting the contract: |  |
| Completed on (dd/mm/yyyy): |  |
| J.O. Contract Owner: |  |
| J.O. HES Representative: |  |
| Contractor Representatives: | Company Director/Manager:  Phone: Email/Fax: |
| Site Supervisor:  Phone: Email/Fax: |
| HES Representative:  Phone: Email/ Fax: |

| 3. Work Site Condition and Work Practice Assessment | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Acceptable | Improvement  Needed | N/A | Corrective Action Required | | | Target Date |
| General Work Site | | | | | | | |
| 1. Walkways clean and clear? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Proper lighting? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Work area clear of tripping hazards/obstructions? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Appropriate trash cans and disposal locations? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Proper containment of fluids? For example, no plastic buckets in use for containing hydrocarbon based liquid | Acceptable | Improvement Needed |  |  | | |  |
| 1. Electronic communication devices in use within hot work guidelines? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Control of entry/exit on the work site? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Designated smoking areas? | Acceptable | Improvement Needed |  |  | | |  |
| Hazard Identification | | | | | | | |
| 1. JSA filled out before start of the work? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Did the whole crew participate in filling out the JSA and sign off? | Acceptable | Improvement Needed |  |  | | |  |
| 1. New JSA filled out when a change occurred (weather, people, work tasks)? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Task steps written out (not pre-filled in) to perform the job? Include site specific considerations? Procedure use? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Hazards identified and addressed? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Worker following the written steps or procedure? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Were other contractors included in the JSA or shared the JSA if working in the same area? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Are workers aware of the “stop work authority”? | Acceptable | Improvement Needed |  |  | | |  |
| Behavior-Based Safety | | | | | | | |
| 1. Critical behaviors identified? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Observations conducted? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Feedback given after observation? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Observation data communicated? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Observation data collected/analyzed/used to correct? | Acceptable | Improvement Needed |  |  | | |  |
| Short-Service Employee | | | | | | | |
| 1. SSEs are visibly identified? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Mentor assigned and available? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Does the mentor know that he/she is assigned to the SSE and is responsible for the safety of the SSE? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Crew in compliance? (0 SSE on 1 person crew, 1 SSE on 2-4 person crew, and no more than 20% on 5+ person crew or an approved variance is in place) | Acceptable | Improvement Needed |  |  | | |  |
| Fall Protection | | | | | | | |
| 1. Fall protection equipment inspected and in good condition? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Anchorage location specified? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Fall protection equipment properly worn? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Tied off properly to designated anchor? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Tie-off distance vs. lanyard length? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Appropriate rescue plan in JSA? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Proper rescue equipment available? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Is there at least one person not in a harness on location while the fall protection equipment is in use? | Acceptable | Improvement Needed |  |  | | |  |
| Electrical System | | | | | | | |
| 1. Lock-out/tag-out systems? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Damaged cords? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Explosion-proof fixtures? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Overhead power line clearance? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Closed power panels? | Acceptable | Improvement Needed |  |  | | |  |
| Personal Protective Equipment | | | | | | | |
| 1. Head? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Hand? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Eye? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Foot? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Body (if required)? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Respiratory (if required)? | Acceptable | Improvement Needed |  |  | | |  |
| Manual and Power Hand Tools | | | | | | | |
| 1. Defective tools? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Grounded or double insulated? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Guards in place? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Appropriate tool used? | Acceptable | Improvement Needed |  |  | | |  |
| Vehicles | | | | | | | |
| 1. Authorized to operate? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Speed limits understood and adhered to? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Do vehicle operators conduct a walk around hazard assessment before moving the vehicle? | Acceptable | Improvement Needed |  | . | | |  |
| 1. Are vehicles being backed in or parked for first move forward? | Acceptable | Improvement Needed |  |  | | |  |
| Mobile Equipment | | | | | | | |
| 1. Crane certification? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Licensed/certified operators? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Rollover protective structures? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Movement warning devices (backup alarms)? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Tag lines used? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Load limits visibly identifiable? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Log books available and current? | Acceptable | Improvement Needed |  |  | | |  |
| Scaffold/Work Platform | | | | | | | |
| 1. Quality of assembly? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Secured against movement? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Safe access? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Fall protection/provisions? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Are guard rails, mid-rails, and toe boards in place? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Scaffolds appropriately tagged? | Acceptable | Improvement Needed |  |  | | |  |
| Welding and Cutting | | | | | | | |
| 1. Gas bottles upright/secured? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Electric welders grounded? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Cables/hoses/fittings serviceable? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Standby fire watch/fire extinguisher? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Are flashback preventers in place? | Acceptable | Improvement Needed |  |  | | |  |
| Sanitation | | | | | | | |
| 1. Drinking water? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Toilet facilities? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Field accommodations? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Hygiene accommodations? | Acceptable | Improvement Needed |  |  | | |  |
| Material Storage | | | | | | | |
| 1. Materials are securely stored / stacked? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Clear access to materials? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Load rating for shelves? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Stability of shelving? | Acceptable | Improvement Needed |  |  | | |  |
| Permit Systems | | | | | | | |
| 1. Lock-out/tag-out procedures? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Hot work permits? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Confined space entry? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Rescue procedures? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Rescue equipment? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Excavation permit process? | Acceptable | Improvement Needed |  |  | | |  |
| Emergency Systems | | | | | | | |
| 1. Emergency response plan? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Rescue equipment? | Acceptable | Improvement Needed |  |  | | |  |
| 1. First aid materials? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Eye wash stations? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Fire protection? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Evacuation procedure? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Are workers familiar with alarms and emergency notification procedure? | Acceptable | Improvement Needed |  |  | | |  |
| Excavations/Trenches/Pits | | | | | | | |
| 1. Shoring/Wall slope after five feet before entry? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Undermining? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Water problems? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Close proximity to power lines? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Underground utility locations? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Adequate means of access and egress? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Appropriate means to monitor breathing space? | Acceptable | Improvement Needed |  |  | | |  |
| Hazardous Openings | | | | | | | |
| 1. Guard-rail/barriers or coverings on or around? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Floor/Roof/Wall openings? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Tanks/Trenches/Excavations/Pits/Ditches? | Acceptable | Improvement Needed |  |  | | |  |
| Ladders/Safe Access | | | | | | | |
| 1. Ladders correctly placed/secured? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Ladder condition/construction? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Adequate access ramps and walkways? (minimum 30 inches wide) | Acceptable | Improvement Needed |  |  | | |  |
| 1. Handrails on walkways/ramps? | Acceptable | Improvement Needed |  |  | | |  |
| Environment | | | | | | | |
| 1. Adequate lighting? | Acceptable | Improvement Needed |  | |  |  | |
| 1. Adequate protection to noise level exposure | Acceptable | Improvement Needed |  | |  |  | |
| 1. Toxic vapors/fumes? | Acceptable | Improvement Needed |  | |  |  | |
| 1. Adequate protection to temperature extremes? | Acceptable | Improvement Needed |  | |  |  | |
| HazCom | | | | | | | |
| 1. Written HazCom program? | Acceptable | Improvement Needed |  |  | | |  |
| 1. MSDS? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Labeling system? | Acceptable | Improvement Needed |  |  | | |  |
| Environmental Protection |  |  |  | | | | |
| 1. Permit compliance? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Pollution prevention? | Acceptable | Improvement Needed |  |  | | |  |
| 1. Waste management? | Acceptable | Improvement Needed |  |  | | |  |

| Action Items | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Needs Improvement/Not Acceptable | | | Corrective Action Required for Future Re-Selection | | | | Target Date | | Completion |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
|  | | |  | | | |  | |  |
| J.O. Contract Owner: | | | | | Date reviewed with Contract Owner: | | | | |
| Corrective actions to be completed by: | | | | | | | | | |
| Contract firm informed of results? | Yes | No | | Name: | | | | Date: | |
| Contract firm to remain on reselection bid list? | | | | Yes | | No | | Date: | |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  J.O. HES Representative | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  J.O. Contract Owner |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant: 3 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant: 4 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant: 5 | |