| 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 | ImprovementNeeded | 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 |