



WORKSITE SAFETY INSPECTION

CF-S-19

General Information

Date: _____	A – Acceptable – Good attention to and compliance with existing requirements, standards, rules and regulations
Business Unit: _____	
Strike Supervisor: _____	NI – Needs Improvement - Compliance is weak Opportunity for improvement
Customer: _____	
Customer Representative: _____	UA – Unacceptable - Does not meet minimum standards Requires improvement
# of Strike Employees: _____	
# of Subcontractor employees: _____	NA - Does not apply/ Not assessed at this time
Subcontractor Companies: _____	
Location: _____	
Inspected By: _____	

Brief Description of Work:

1.	General Requirements	A	NI	UA	NA	Comments
1.1	Do workers have required safety certifications? Current? Available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Are Strike and subcontract workers Strike orientated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Are Strike and subcontract workers Customer orientated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Is a valid Safe Work Permit(s) in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Are OH&S regulations available for worker review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Are Strike General Rules posted/available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Are Strike HSEMS, Safe Work & Safe Procedure Manuals available for worker review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Are SDS's available for controlled products that are on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Was a pre-job hazard assessment/HIAC completed for this job (CF-S-56)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Are HIAC's being completed (CF-S-01)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Are site safety meetings (weekly/monthly) (CF-S-05) being held as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	Are Joint Health and Safety Committee minutes being posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	Are tailgate meetings completed daily by Supervisors/Foremen (CF-S-04)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.14	Are Incident Coordinator and First Aider(s) identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.15	Are the required number and level of First Aiders on site (Standard/Advanced/EMT, etc.) as per legislated requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.16	Are adequate first aid supplies available as per legislated requirements? If there is an AED on site, are the battery & pads expired? (replace at same time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.17	Have relevant worker medical conditions been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.18	Is there a written SSSP on site, posted, & reviewed as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.19	Is there a written ERP on site, posted, & reviewed as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.20	Are personal gas monitors being utilized within 50m of a gas source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.21	Are calibrations for personal gas monitors current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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1.22	Are personal gas monitors being bump tested and recorded daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.23	Are designated smoking areas communicated to workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.24	Are there adequate lunchroom and sanitary facilities on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.25	Is there a sufficient supply of potable drinking water available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.26	Are workers wearing proper PPE as required (hard hats, safety glasses, FRC, hard toe boots, gloves, face shields, ear plugs/muffs, fall protection, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.27	Are workers properly trained in the selection, use, care, maintenance of PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.28	Has Fall Protection Rescue Plan been completed for work at heights (CF-S-28)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.29	Is appropriate Respiratory Protective Equipment available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.30	Has general road safety been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.31	Are workers clean shaven where respiratory equipment may be required or as per site requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.32	Are workers aware that they must report incidents immediately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.33	Are workers aware of Strike's Alcohol and Drug Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.34	Are workers aware of their legal obligation to refuse unsafe work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Site Housekeeping	A	NI	UA	NA	Comments
2.1	Are site ground conditions reasonably well maintained (graded, graveled, sanded, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Does the site appear to be orderly (free of excess trash and/or debris)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Is there proper disposal of controlled product waste and general trash/garbage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Are materials properly stored and stacked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Are lunchrooms reasonably clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Are ramps, stairways, walkways and platforms free of obstructions and tripping/slipping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	Are openings covered or barricaded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.8	Are proper site signage and/or fencing in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	General Fire Safety	A	NI	UA	NA	Comments
3.1	Are all site fire extinguishers inspected monthly and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Fire extinguishers filled, easily accessible, seals intact, current inspection, tag up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Are there adequate fire extinguishers for the site and are they suitably located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Are flammables and combustibles properly labeled and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Is combustible debris properly managed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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4.	Compressed Gas	A	NI	UA	NA	Comments
4.1	Are cylinders stored in the upright position and secured from falling, tipping or rolling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Are valve protection caps installed when cylinders are not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Are cylinders clearly marked to identify product & segregated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Is inspection and hydro test date visible and current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Are oxygen and gas cylinder stored apart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Welding/Cutting/Grinding	A	NI	UA	NA	Comments
5.1	Are welding cables and electrical cords in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Are welders & helpers wearing proper clothing and Personal Protective Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Are grinders/buffers equipped with a minimum 120-degree guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Do the grinding disks/ buffer wheels match or exceed the RPM of the grinder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Are Cylinder storage compartments ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Are Cylinder valve protection caps installed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Are oxygen/acetylene hoses and torches in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Is oxygen/acetylene torch or regulator equipped with flash back arrestors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.9	Is the oxygen/acetylene torch equipped with backflow preventer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.10	Are provisions made for containment of fire, sparks, slag, grinding debris and rod stubs (extinguishers, water, blankets, screens, stub pails, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.11	Are sufficient fire extinguishers available, serviced and inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.12	Are workers wearing respiratory protective equipment where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.13	Is work bench adequately secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Vehicles & Mobile Equipment	A	NI	UA	NA	Comments (List unit numbers of equipment/vehicles inspected)
6.1	Are registrations, insurance certificates and boom certifications (pickers) current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Is CVIP available and current for NSC regulated vehicles and trailers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Are operators using the daily pre-start checklist before starting mobile equipment? (See CF-S-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Are seat belts used in all equipment equipped with rollover protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Is the general condition of the unit acceptable (tires, body damage, wear and tear, age, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Housekeeping – are cabs, decks, boxes, tracks, etc. Reasonably clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	Are vehicles parked as per Strike's standard (SWP-28)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.8	Are idling units attended at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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6.9	Are units equipped with fire extinguishers of adequate size, securely mounted, and inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.10	Are vehicles equipped with triangles and a first aid kit as per legislative requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.11	Is vehicle equipped with booster cables and properly rated towing/recovery equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.12	Are lights in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.13	Does operator have a current driver's license? (Appropriate class and air endorsement if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.14	Are windows and mirrors clean and free of cracks which impede driver's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.15	Are back up alarms installed and in good working order on equipped units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.16	Are there positive air shut offs on all diesel engines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.17	Are spotters assigned as required and do they have a clear line of vision to equipment operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.18	Do NSC regulated vehicles have the appropriate GVW and Tare weights stickers on as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.19	Has operator been deemed competent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.20	Does NSC regulated vehicle operator have valid TDG training certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.21	Are appropriate TDG placards in place on vehicles carrying dangerous goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.22	Are SDS's available on vehicles carrying dangerous goods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.23	Is driver's log being properly completed by drivers operating NSC regulated vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Hand/Power Tools and Miscellaneous Equipment	A	NI	UA	NA	Comments
7.1	Is the general condition acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Are electrical cords and plug ins in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Are guards and safety devices in place where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Is appropriate Personal Protective Equipment being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Are tools/equipment being cleaned and stored appropriately after each use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Are defective tools/equipment identified, reported to supervisor and tagged out of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	Have workers been trained in the appropriate care and use of tool/equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.8	When using non-intrinsically safe tools in a live facility is a hot work permit and gas monitoring in place as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Portable Ladders	A	NI	UA	NA	Comments
8.1	Is the general condition acceptable (rungs, side rails, feet, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	Are ladders secured against movement (e.g. extension ladders tied off at the top)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Are workers in compliance with the rule of not working from the top 2 rungs of a ladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Are workers in compliance with not working backwards from ladders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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8.5	Does the ladder extend one meter above platform, landing or parapet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Is the ladder constructed of non-conductive material when working around electrical apparatus/lines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.7	Is the 4-1 rule for ladder set-up being followed and does ladder extend 1 m beyond platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.8	Is ladder set-up on a firm and level surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Scaffolds and Temporary Work Platforms	A	NI	UA	NA	Comments
9.1	Is scaffolding tagged at each point of entry? (green-safe, yellow-caution, red-unsafe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	Is the overhead work area identified and communicated? (signed, ribboned, barricaded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	Are footings stable and level, and sill plates in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.4	Is the structure level, plumb, well braced, and secured from movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.5	Are planks and platforms constructed of proper material and installed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.6	Are kick boards installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.7	Are proper guard rails and access ladder(s) in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.8	Is fall protection provided and used when working at heights greater than 3 meters (10') or as per site requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Rigging and Hoisting	A	NI	UA	NA	Comments
10.1	Is the correct lifting equipment being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.2	Are boom certifications current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.3	Does operator have the appropriate crane/picker certification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.4	Have equipment lifting capacities been determined (consult load charts) including load swing, angles, boom reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.5	Has the weight of the load been determined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.6	Are slings/cables rated for load capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.7	Are slings/cables/hooks in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.8	Has the route of travel been checked and defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.9	Have all clearances been confirmed? (swing radius, overhead utilities, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.10	Is there a designated signal person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.11	Are tag lines being used as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.12	Is there a critical lift plan in place (e.g. tandem, over 75% of crane capacity, over live facilities) and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.13	Is appropriate warning signage, barricades in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.14	Have workers involved in rigging & hoisting activities been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Lockout & Isolation	A	NI	UA	NA	Comments
11.1	Is lock-out and tag-out (LOTO) process being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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11.2	Do Strike workers install personal locks on the locked-out system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.3	Is blanking, blinding and/or double block and bleed in place as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.4	Has client verified zero energy and has a bump check been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.5	Have workers verified zero energy on system prior to starting work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.6	Are blanking/blinding devices & locations clearly identified, and marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.7	Is appropriate documentation in place (blind list, sign offs, permits, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Excavating/Trenching	A	NI	UA	NA	Comments
12.1	Is Ground Disturbance checklist utilized (see COP-07, CF-S-15)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.2	Are all personnel involved in ground disturbance activities appropriately trained (Level 201-AB, Level 2-BC, SK, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.3	Have all underground facilities within 30 m search radius been located and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.4	Are underground facilities visually located and hand exposed (within 5 m of buried pipeline, and 1 m of all other buried facilities) before mechanical excavation begins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.5	Are overhead power lines identified, flagged, signed and barricaded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.6	Are ditch banks adequately cut back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.7	Is the spoil pile 1 meter (3') back from ditch edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.8	Are there properly constructed entry and exit ramps or ladders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.9	Are workers aware of excavator swinging radius and operator blind side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.10	Is spotter being used when excavating existing facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.11	Is spotter clearly identified with high visibility vest and equipped with air horn or communication device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Items Unique to your Site	A	NI	UA	NA	Comments
13.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

