



Contractor Safety Management On Site Inspection

Date	Observer Name	Observer Title	Observers Work Group
Observer CAI:	CPL Project #	CPL Project Name	
CSM Contractor and On Site Supervisor			
Task Observed			
Site location:			
Observer's Comments			

Contractor Safety On Site Inspection

Activity ID	Activity Description	YES	NO	N/A	Comments
					ORT – Quick Reporting Tool IF N/A IS BLACKED OUT IT IS NOT AN OPTION
1	Personal Protective Equipment				
1.	Required Safety eyewear worn (goggles, glasses, with side shields, face shield)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
2.	Hard Hats Worn and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Gloves worn when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Respiratory equipment used where appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
5.	Personal Flotation Devices worn when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Fire Resistant Clothing worn where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Long sleeves rolled down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Hearing protection worn in areas where required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
9.	Steel Toed Footwear being worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	General Work Site				
10.	Walkways kept clean and dry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Proper lighting for the work being performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Work area clear of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Appropriate hand tools in use? (No pocket knives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Hand tools in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	No individual manual lifting of objects over 50 pounds? (Get Help)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Are METAL buckets in use for containing hydrocarbons? (NO PLASTIC ALLOWED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT (static) Lube Oils (exempt)
3	Fall Protection				
17.	Is fall protection equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Is the fall protection equipment inspected prior to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	each use?				
19.	Is equipment worn properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Is the worker tied-off properly to an appropriate anchor point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Is the worker tied-off where the distance from working surface to ground is more than expandable lanyard will allow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Had potential rescue plan been determined in the Job Safety Analysis (JSA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Is proper rescue equipment on hand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Are workers trained to use rescue equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Are workers familiar with 15-minute rule and why they can't hang suspended for more than 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Is there at least one person not in a harness on location while the fall protection equipment is in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Short Service Employees (SSE's)				
27.	Are all SSE's identified? (Hi Vis Orange Hard Hat only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Did you receive all SSE Forms for each SSE ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
29.	Are crews in compliance (0 SSE on 1 person crew, 1 SSE on 2-4 person crew, and no more than 20% on 5+ person crew)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	If more than allowed in the crew, did Contractor work with work owner to complete Variance Form and get approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Does each SSE have a mentor assigned - one SSE to each mentor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Is mentor on site with SSE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Does the mentor know that he/she is assigned to the SSE and that SSE's safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Behavior Based Safety				
34.	Are workers doing observations of each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	Is feedback given after observation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	Are completed forms submitted to their own company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Are forms filled out ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Are observation forms available for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Job Safety Analysis				
39.	Was a JSA filled out prior to the work commencing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40.	Did the whole crew participate in filling out the JSA and sign off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41.	Was the JSA updated when a scope change occurred?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42.	Were the steps written out and not pre-filled in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.	Are workers following the steps in the JSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44.	Were other contractors included in the JSA or shared the JSA if working in the same area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45.	Did the contractor review the JSA with a CPL rep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46.	Was the environment considered in the JSA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Crane Use / Rigging /Equipment				
47.	Do all riggers have rigger certification on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48.	Are tag lines used properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49.	Is rigging equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT

50.	Are smaller or unusually shaped items placed in baskets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51.	Does the crane/equipment operator have certification on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
52.	Is pre-use checklist used prior to using the crane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53.	Do all members of the lift team understand their duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54.	Are weather restrictions (wind, seas) followed by the lift team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Safety Meetings				N/ A is not an option in this category
55.	Did the contractor have safety meetings or attend safety meetings?	<input type="checkbox"/>	<input type="checkbox"/>		ORT
56.	Was the contractor actively involved in the safety meeting?	<input type="checkbox"/>	<input type="checkbox"/>		
57.	Were observations and/or incidents, near misses discussed at the safety meeting?	<input type="checkbox"/>	<input type="checkbox"/>		
9	Critical Policies				
58.	Did the contractors follow their own lockout/tagout procedure when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
59.	Did the contractor follow an excavation procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
60.	Did the contractor follow their own confined space procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
61.	Did the contractor comply with the CPL permit to work policy?	<input type="checkbox"/>	<input type="checkbox"/>		ORT
62.	Did the contractor comply with a Hot Work Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORT
10	Stop Work Authority				X- N/ A is not an option
63.	Did contractor utilize stop work authority when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
64.	Did they discuss the issue and re-do JSA, if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65.	Are all CEE's aware of SWA policy?	<input type="checkbox"/>	<input type="checkbox"/>		ORT
66.	Were all concerns resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	DOT Work				
67.	Are OQ Training documents available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Motor Vehicle Safety				
68.	Do all employees driving on company business carry a driver's license for the class of vehicle they will be driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69.	Are contract employees wearing their seat belt while driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70.	Are all loads properly legally secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71.	Is CPL's policy about using Communication devices while operating a motor vehicle being adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72.	Does your company have a DEFENSIVE DRIVING program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73.	Are drivers required to assess the risk of a journey before driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



