

SELF - INSPECTIONS

An effective inspection program should contain the following elements:

WRITTEN - Your inspection program should have a written checklist that first-line employees and supervisors can use to review their facilities. The checklist should have a space for the inspectors to write his or her name, the date, and times that the inspection started and ended, location, names of any other employees present, and the findings of the inspection.

PERIODIC - The inspection program you institute must be periodic in nature to be effective. Whether the inspection is accomplished daily, weekly, monthly, semi-annually or annually, you should ensure that the inspections are carried out as planned.

REVIEWED - All inspection should be reviewed by a higher level of authority so that appropriate management action can be taken.

ACTION-ORIENTED - An effective inspection program provides a means of implementing needed improvements.

FEEDBACK - Important in all management programs, this is vital to an effective inspection program. Feedback in this case is a report indicating whether the repair or change identified by the inspections was completed. Over time, the review of all inspections should indicate a pattern of problems and solutions that lead to a reduction of claims.

Safety Check Sheets

Safety Check Sheets provide an ongoing input process from employees on ways to provide a safer workplace. These check sheets give accountability to those employees who do the actual inspections, ensuring that they are done in a thorough and correct manner. Member municipalities should properly train employees responsible for inspections, and rotate them periodically to create a stronger awareness of safe workplace practices in all municipal departments.

The Mid Jersey Municipal Joint Insurance Fund Safety Committee has developed seven (7) Safety Check Sheets for use in the following areas:

Office Facilities	Water & Sewer
Playground	Police Department
Public Works	Fire Department
EMS	

At the back of this section, you will find a memorandum describing the various check sheets with instructions on their use, and a copy of each for your use. Use them as a guide in developing your own self-inspection program. There are a great many additional check sheets you can obtain from the JIF Safety Director, various safety publications and other sources. We encourage you to develop inspection formats that will suit your individual needs.

Mid Jersey Municipal Joint Insurance Fund
 EMERGENCY MEDICAL SERVICES
Monthly Safety Checklist

Municipality: _____ Inspection Date: _____

Name of Inspector: _____ Title: _____

Location Surveyed: _____

Apparatus Room

Yes	No	N/A	Condition
			Cords used for charging batteries in a location that will not cause a tripping hazard
			Vehicle fluids do not pose a slipping hazard
			Tools and equipment properly stored
			Trucks arranged to allow free movement
			Guide lines or markings to aid in backing
			Ends of ladders protected
			Turn out gear clean, neat and orderly
			Portable fire extinguishers properly mounted, inspected and accessible
			Extinguishers suitable for hazards present
			Exits adequate
			Exits properly identified
			Emergency lighting units operational
			Horseplay discouraged in apparatus room
			Flammable liquids properly stored
			Housekeeping adequate through out
			Emergency generator
			- tested under load monthly
			Cooking hazards protected

Cascade System

Yes	No	N/A	Condition
			All compressed oxygen cylinders chained in the up right position
			All bottles have current hydrostatic test dates
			Bottles properly protected from vehicle damage
			All compressed oxygen cylinders chained in the up right position
			Personnel trained in the operation of the system

House & Grounds

Yes	No	N/A	Condition
			Stairs and walkways clear
			Emergency and exterior lighting in working order
			Parking spaces adequate
			Surface conditions satisfactory
			Warning signs posted
			Slip, trip and fall hazards eliminated
			Egress marked
			Lighting adequate

Note: All negative answers require an explanation on the back of this form.

Mid Jersey Municipal Joint Insurance Fund

Fire Department Monthly Safety Checklist

Municipality: _____ Inspection Date: _____

Name of Inspector: _____ Title: _____

Location Surveyed: _____

Apparatus Room

YES	NO	N / A	Condition
			Cords used for charging batteries in location that will cause tripping
			Vehicle fluids do not pose a slipping hazard
			Tools and equipment properly stored
			Trucks arranged to allow free movement
			Guide lines or markings to aid in backing
			Ends of ladders protected
			Turnout gear clean, neat and orderly
			Portable fire extinguishers properly mounted, inspected and accessible
			Extinguishers suitable for hazards present
			Exits adequate
			Exits properly identified and unobstructed
			Emergency lighting units operational
			Horseplay discouraged in apparatus room
			Flammable liquids properly stored
			Housekeeping adequate throughout
			Emergency generator
			-Tested under load monthly
			Cooking hazards protected

Cascade System

YES	NO	N / A	Condition
			All compressed air cylinders chained in the upright position
			All bottles have current hydrostatic test
			Bottles properly protected from vehicular damage
			Personnel properly trained in the operation of the cascade system
			Compressor air quality tested periodically
			Compressor air system operated by certified personnel

NOTE: ALL "YES" ANSWERS REQUIRE EXPLANATION ON THE BACK OF THIS FORM

Mid Jersey Municipal Joint Insurance Fund

Water & Sewer Department

Monthly Safety Checklist

Municipality: _____ Inspection Date: _____

Name of Inspector: _____ Title: _____

Location Surveyed: _____

1. Employee personal protective equipment required and in use

Type	YES	NO	N/A
Foot Protection			
Ear Protection			
Eye Protection			
Head Protection			
Hand Protection			
Respiratory Protection			
Foul Weather Gear			
Traffic Vests			

2. Building, Housekeeping & Ventilation

Type	YES	NO	N/A
Stairs Clean			
Floors Clean			
Aisles Clear			
Lighting Adequate (Bldgs. & Exits)			
Ventilation Adequate			
Slip, Trip, and Fall Hazards Eliminated or Protected eg. (conduit, pipes, etc.)			
Means of Egress Properly Marked			
Fire Hazards Controlled			

3. Hazardous Material

Type	YES	NO	N/A
Proper Storage			
Proper Handling			
Health Hazards Controlled			
Labeling in Effect			
Coding in Effect			

4. Pumps and Equipment

Type	YES	NO	N/A
Are the following items checked and serviced on a monthly basis or per manufactures specs?			
- Pump Motors for Chemical Feeds			
- Engines for All Pumps			
- Diaphragms			
- Impellers			
- Hoses			
- Fuel Lines			

5. Power Sources

Type	YES	NO	N/A
Electrical System Protected (GFT)			
Generators Maintained - Tested Under Load Monthly			

6. Operational Procedures

Type	YES	NO	N/A
SOP Posted and Distributed to all Employees and sign off sheet kept			
All Employees Trained in Confined Space Entry			
- Permit System in Effect			
- Equipment Maintained and Inspected Monthly (Harness, Ropes, etc.)			
Procedures distributed and on file			
Hazardous Material Release Program in Effect			
Alarm Systems Inspected and Functioning			
Recording Charts Maintained			

7. Protection

Type	YES	NO	N / A
Fire Extinguishers present			
- Proper Type			
- Locations Marked and Clear			
- Inspected Monthly			

8. Fire Alarm and/or Detection System

Type	YES	NO	N / A
- Functional			

9. First Aid Kits Accessible

Type	YES	NO	N / A
- Kits Properly Maintained			
- Employee(s) Trained			

10. Grounds

Type	YES	NO	N / A
Steps Clear			
Trees Properly Trimmed			
Ditches Protected			
Exterior Illumination Adequate			
Drainage Proper			
Surface Conditions Satisfactory			

NOTE: All "No" answers require an explanation on the back of this form

Mid Jersey Municipal Joint Insurance Fund

Office Monthly Safety Check List

Municipality: _____ Inspection Date: _____

Name of Inspector: _____ Title: _____

Location Surveyed: _____

YES	NO	N/A	Condition
			Means of egress readily accessible and unobstructed
			Minimal use of proper extension cords and in good condition
			Walking surfaces free of slip-trip-fall hazards
			Emergency evacuation plan and emergency phone numbers posted
			Emergency lights operational
			Exit lights and / or signs visible and adequate
			Elevator inspection certificates current
			Elevator entrance signs posted "In Case of Fire, Do Not Use"
			Housekeeping adequate
			Storage of materials properly arranged
			Heaters clear of combustible / flammable materials
			Water heater provided with safety relief valve and piped toward floor
			Stairway handrails in good condition and tightly secured
			Stair treads in good condition and adequately illuminated
			Storage materials at least 18 inches from sprinkler heads
			Outlet / switch covers secure
			Storage in or around stairways cause obstruction
			Coffee Pots, Copier, Portable Electric Heaters in good condition, properly located and shut off after hours (No kerosene heaters permitted)
			Filing cabinets secured.
			Surge protector on all electrical accessories
			First Aid Kit available and maintained
			Illumination adequate throughout
			Fire extinguisher services and inspected monthly
			Fire Alarm and / or Detection System Functional
			Air handling equipment filter(s) cleaned and / or changed periodically
			Electric room and / or panels cleared of combustible material and circuits identified

NOTE: ALL "NO" ANSWERS REQUIRE EXPLANATION ON THE BACK OF THIS FORM

Mid Jersey Municipal Joint Insurance Fund

Playground Monthly Safety Check List

Park: _____ Inspection Date: _____

Name of Inspector: _____ Title: _____

Facility / Playground Equipment: _____

YES	NO	N/A	Condition
			Visible cracks, bending, warping, rusting or breakage of any component
			Deformation of open hooks, shackles, rings or links
			Worn swing hangers and chains
			Missing, damaged or loose swing seats; heavy seats with sharp edges or corners
			Broken supports / anchors
			Footings exposed, cracked, loose in ground
			Accessible sharp edges or points
			Exposed ends of tubing that should be covered by plugs or caps
			Protruding bolt ends that do not have smooth finished caps and covers
			Loose bolts, nuts, corrosion, etc.
			Splintered, cracked or otherwise deteriorated wood
			Lack of lubrication on moving parts
			Worn bearings
			Broken or missing rails, steps, rungs or seats
			Surfacing material worn or scattered (in landing pits, etc.)
			Hard surfaces, especially under swings, slides, etc.
			Chipped or peeling paint
			Vandalism (broken glass, trash, graffiti, etc.)
			Tripping hazards such as roots, rocks, etc.
			Poor drainage areas
			Fencing damaged, exposed sharp edges, end caps missing
			Electrical hazards, exposed, low hanging wires
			Low hanging, dead tree limbs
			Bleachers with damaged boards, bent or damaged supports, missing protective railings (over 48" in height)
			Surfaces for basketball or tennis courts cracked or uneven

NOTE: ALL "YES" ANSWERS REQUIRE EXPLANATION ON THE BACK OF THIS FORM

Mid Jersey Municipal Joint Insurance Fund

Police Department Monthly Safety Checklist

Municipality _____ Inspection Date _____

Name of Inspector _____ Title _____

Location Surveyed _____

1. Building Conditions

Type	YES	NO	N/A
Stairs Clear			
Handrails Secure			
Floors Clean			
Aisles Clear			
Slip, Trip and Fall Hazards Eliminated			
Exits Identified			
Outlet/Switch Covers Secure			
Grounds and Walkways in Good Condition			
Exterior Lighting Adequate			
Ventilation Adequate			

2. Sanitary Housekeeping

Type	YES	NO	N/A
Offices			
Basement			
Electrical/Heater Room			
Evidence Room			
Processing Area			
Sally Port			
Locker Room			
Records Storage			
Armory			

3. Power Sources

Type	YES	NO	N/A
Computer and Radio Equipment provided w/ surge protection			
Emergency Lighting Operational			
Generator Exercised Weekly			
- Tested Monthly Under Load			
- Log Maintained			

4. Fuel Pumps

Type	YES	NO	N/A
Proper Type Fire Extinguisher and Inspected Monthly			
"No Smoking/Turn off Engine" Signs Posted			
Emergency Fuel Shut off Identified			

5. Fire Protection

Type	YES	NO	N/A
Fire Extinguishers present			
- Proper Type			
- Locations Marked and Clear			
- Inspected Monthly			
Fire Alarm and/or Detection System			
- Functional			
Fire Suppression System			
- Inspected Annually			
Emergency Evacuation Routes Posted			
First Aid Kits Provided and Properly Maintained			
Proper Storage for Hazardous Materials (i.e. road flares,oxygen)			

6. Miscellaneous: Cell Area

Type	YES	NO	N/A
Audio/Video Monitor Operational			
Smoke Detector Provided/Operational			
Locking Mechanisms Operational			
Evacuation Procedures Posted			

7. Miscellaneous: Weight Room

Type	YES	NO	N/A
Cables/Pulleys for Universal Equipment			
Visually Inspected for Defects			
Free Weights Returned to Storage Racks			
Floors Free of Tripping Hazards			

8. Miscellaneous: Dispatch Area

Type	YES	NO	N/A
Power Cords/Cables Properly Secured			
Minimal Use of Extension Cords			

NOTE: All "No" answers require an explanation on the back of this form.

Mid Jersey Municipal Joint Insurance Fund

Public Works Department Monthly Safety Checklist

Municipality _____ Inspection Date _____

Name of Inspector _____ Title _____

Location Surveyed _____

1. Employee protective equipment required and in use

Type	YES	NO	N/A
Foot Protection			
Ear Protection			
Eye Protection			
Head Protection			
Hand Protection			
Long Pants			
Foul Weather Gear			
Traffic Vests			

2. Building, Housekeeping & Sanitary Conditions

Type	YES	NO	N/A
Stairs Clean			
Floors Clean			
Aisles Clear			
Lighting Adequate			
Slip, Trip and Fall Hazards Eliminated			
Safety Markings Posted			
Egress Marked			
Fire Hazards Controlled			

3. Hazardous Material

Type	YES	NO	N/A
Proper Storage			
Proper Handling			
Health Hazards Controlled			
Labeling in Effect			

4. Fuel Pumps

Type	YES	NO	N/A
Proper Type Fire Extinguisher and Inspected Monthly			
No Smoking Signs Posted and Enforced			

5. Power Sources

Type	YES	NO	N/A
Electrical System Protected			
Generators Maintained			
Tested Under Load			

6. Machinery and Equipment

Type	YES	NO	N/A
Compressor Oil Level Checked			
Pressure Tanks Drained			
Pressure Tank Relief Valve(s) Tested			
Manned Vehicles Inspected			
Portable Equipment Maintained			
Point-of-Operation Guards placed			
Ladders and Scaffolding in Good Condition			
Inspection and Training Programs in Effect			
Equipment properly placed			

7. Protection

Type	YES	NO	N / A
Fire Extinguishers present			
- Proper Type			
- Locations Marked and Clear			
- Inspected Monthly			
Fire Alarm and/or Detection System			
- Functional			
Fire Suppression System			
- Inspected Annually			
- Access to Controls Clear			
First Aid Kits Accessible			
- Kits Properly Maintained			
- Employee(s) Trained			

8. Grounds

Type	YES	NO	N / A
Stairs Clear			
Walkways Clear			
Trees Properly Trimmed			
Ditches Protected			
Drainage Proper			
Surface Conditions Satisfactory			
Parking Space Adequate			
Warning Signs Posted			

NOTE: All "No" answers require an explanation on the back of this form.

HAZARD REPORTING

Once hazardous or dangerous conditions are discovered, they must be reported to the appropriate parties so actions can be taken to correct them. A standard reporting procedure can ensure that all employees report hazards, as well as any incidents, accidents or claims.

Reports of claims, accidents or hazards can help you:

- Identify problems in the work area
- Document incidents or hazards
- Predict where hazards or incidents may occur

Preventing accidents is easier when past incidents are reported. When accident and incident reports are reviewed, they can indicate where prevention efforts should be directed.

An effective reporting system involves:

- **Reviewing** the results of inspections
- **Communicating** where hazards exist
- **Providing information** for assigning repair orders or other corrective actions
- **Reviewing** efforts to make repairs or take corrective action
- **Maintaining** records to identify hazards, losses or claims that occur repeatedly.

Policies and procedures that require employees to identify and report hazards, injuries, accidents and unsafe incidents help you collect critical information about risks in the workplace.

Steps In Reporting The Process

1. Clarify that the purpose and intended use of report is to:
 - Document injuries or property damage
 - Identify hazards
 - Monitor safe work methods
 - Assess the effectiveness of risk management policies and practices
2. Create or find a form you can use to collect the necessary information. The form should be clear and uncomplicated with no unnecessary questions. You may need to adapt an existing form to meet your specific needs.
3. Clarify the role and responsibility of employees, supervisors, department heads and special groups (safety committees) for reviewing incident reports.
4. Make sure all employees know the proper procedure for completing and routing the reports.
5. Monitor the use of the form and determine if the intended purpose is being met.

Hazard Report

To:

From:

Location of hazard:

Description of hazard:

Summary of investigation:

Recommended action:

Abatement action:

Date:

Name of person who corrected hazard:

Signature:

PPE HAZARD ASSESSMENT SURVEY

Facility: _____

Location of Hazard Assessment: _____

Date of Hazard Assessment: _____

Hazard Assessment Conducted by: _____

Reviewed by: _____

Comments: _____

Approved by: _____

Comments: _____

<u>HEAD PROTECTION</u>	YES	NO	N/A	EQUIP TYPE
Falling objects or potential for objects dropping				
Impact from flying objects				
Penetration from moving objects				
Low clearances (where one may bump into something)				
Welding				
Electrical Shock hazard				
Recommended Personal Protective Head Equipment (Hard Hat) Examples: (1) Class A (2) Class B (3) Class C (4) Bump Hat (5) Welder's Helmet (6) Other				
Comments/Recommendations: Engineering controls, work practices, etc.				

<u>FOOT PROTECTION</u>	YES	NO	N/A	EQUIP TYPE
Falling or rolling objects				
Sources of sharp objects				
Objects piercing sole - nails, etc.				
Exposure to electrical hazards				
Movement of tools, stock or equipment				
Hoisting/lifting of materials or equipment				
Recommended Personal Protective Equipment Examples: (1) Steel toed boot-leather (2) Steel toed boot-rubber (3) Metatarsal footwear (4) Electrical resistant hazard footwear (5) Sole puncture resistant footwear (6) Other				
Comments/Recommendations: Engineering controls, work practices, etc.				

<u>HAND PROTECTION</u>	YES	NO	N/A	EQUIP TYPE
Cuts, abrasions				
Sharp objects				
Contact with chemicals - cold solvents, cleaners				
Acids/caustics - absorption - chemical burns				
Punctures				
Thermal burns				
Harmful temperature extremes				
Recommended Personal Protective Equipment Examples: (1) Cotton (2) Leather (3) Jersey (4) Canvas (5) Terry cloth (6) Chemical, flame, puncture resistant (7) Other				
Comments/Recommendations: Engineering controls, work practices, etc.				

<u>HEARING PROTECTION</u> (Based on noise level monitoring)	YES	NO	N/A	EQUIP TYPE
Exposure to continuous, sharp outbursts or intermittent noise				
Exposure to diesel engine/pump operations - pumps, saws, generators				
Exposure to vibratory noise				
Arc gauging/welding				
Compressed air/exhaust relief valve discharge				
Machines in a confined area				
Grinders, rotary drills, sanders				
Impact tools - jackhammer				
Heavy equipment operation - backhoes, excavators, loaders				
Recommended Personal Protective Equipment Examples: (1) Earmuffs (2) Earplugs (3) Canal caps (4) Other				
Comments/Recommendations: Engineering controls, work practices, etc.				

<u>EYE PROTECTION</u>	YES	NO	N/A	EQUIP TYPE
Molten metal				
Liquid chemicals (under pressure)				
Acids/caustics/corrosives - splashing liquids				
Chemical gasses/vapors				
Powders, dusts, mists				
Light radiation/high temperature exposure				
Using compressed air				
Welding/hot sparks/slag				
Grinding				
Machining				
Drilling				
Sawing				
Chipping or breaking				
Spray painting				
Recommended Personal Protective Equipment Examples: (1) Safety glasses, w/o ss (2) Safety glasses, w/ ss (3) Goggles (4) Face Shield (5) Welding glasses (6) Welding helmet (7) Special purpose lens (8) Other				
Comments/Recommendations: Engineering controls, work practices, etc.				

POTENTIAL WORKPLACE OBSERVATION OPPORTUNITIES

Police

- Traffic control – on and “off” duty
- Handling of motor vehicle accident scene
- Motor vehicle stops
- Police response to first aid calls
- Police response to structural fires

Public Works – General

- Snow plowing (including sanding and salting)
- Grounds maintenance
- Street sweeping
- Catch basin construction
- Storm sewer maintenance
- Storm sewer installation
- Pothole patching
- Roadway resurfacing
- Leaf collection
- Brush collection
- Equipment repair
- Tree trimming/removal
- Heavy equipment operation
- Building repair (carpentry, electrical, plumbing, etc.)

Sanitation

- Garbage collection
- Co-mingled recyclable collection (glass, aluminum, bi-metal cans and plastic)
- Paper collection
- Metal collection
- Bulk collection

Utility Operation

- Chemical treatment
- Pipe installation
- Pipe cleaning
- Pump maintenance
- Mechanical repair

Recreation

- Day Camp supervision
- Swim pool water safety (observation of lifeguards)
- Swim pool maintenance
- Park maintenance
- Youth sport/program supervision
- Adult sport/program supervision

Inspection

- Health inspections
- Housing inspections (certificates of occupancy)
- Code enforcement inspections
- Engineering inspections
- Building inspection
- Plumbing inspection
- Electrical inspection

Job Site Observation

Municipality: _____

Date: _____ Time: _____ Dept: _____

Location: _____

Task Observed: _____

Number of employees observed: _____

PPE in use: _____

Tools/Machines/Vehicles: _____

Notes/Comments: _____

Interview

Name: _____ Title: _____

Management View of Safety: _____

PPE: _____

Training: _____

Respond to Feedback: _____

Additional Comments: _____

Job Site Observation Report School Crossing Guards

Observer: _____ Guard(s): _____
 Location Observed: _____ Date: _____ Duration of Observation: _____ min
 Reviewed with guard(s) : yes no Reviewed by: _____

Conditions Observed

			General Conditions			Control of Traffic & Children		
Yes	No	N/A		Yes	No	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic calming signs & lights are in good condition, effective, & sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) effectively use STOP Paddle (required) and whistle (optional)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic calming strategies appear to be effective for site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) use proper hand signals to direct traffic	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crosswalks are clearly identified with signs & pavement paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) minimize directing traffic by effectively using gaps in traffic	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard's personal vehicle is parked in a safe location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) establish eye contact with drivers before entering street	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are sight lines of guards and drivers adequate (glare, parked vehicles, vegetation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) position in center of street and shoulders parallel to traffic	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) are wearing Class 2 hi-vis apparel, in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) demonstrate effective control of children; behind curb & no horseplay	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) are wearing other departmental uniform / ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) use effective voice commands to children	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard(s) are alert to potentially hazardous situations, by turning head to side & rear often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guards release traffic after moving to safe location. The directing of traffic is minimal.	

Comments

Briefly describe the task being observed: (Ex. Observed two guards working in conjunction with a traffic light on a 4 lane intersection. Approx. 10 children crossed)	
What did you see that should be complimented? (Positive reinforcement is very effective. Be specific.)	
What did you see that needs to be changed or improved? (Were any actions taken during the observation? Again, be specific)	
What could be done to make the operation safer? (Do SOPs need to be updated? Is re-training or coaching needed? Would a Toolbox Talk help?)	

Job Site Observation General Observation Report

Observer	Employee/Crew	
Task Observed:	Date:	Time:
Location of Observation		

Some Conditions to Consider

<ul style="list-style-type: none"> • Supervisor on site • Review scope of job and safety concerns • Coordination with other agencies, departments • Work zone precautions • Exposed moving parts / guards in place • Horseplay • Authorized task; authorized to operate equipment • Equipment free of defects • Equipment operated, stored, transported correctly • Equipment serviced while energized, or in motion • Correct tools available and used • Exposure to overhead objects • Overloading materials or equipment • Crowding materials, storage • Manual material handling • PPE, appropriate work clothes • First aid kit available • Unhealthy, unsanitary conditions • Personal hygiene • Exposure to moving vehicle • Inclement weather conditions (snow, ice, electrical storm, etc.) 	<ul style="list-style-type: none"> • Exposure to unstable structure or earth • Lifting heavy, awkward objects, body mechanics • Fire extinguisher, hot work hazard, permits • Walking working surfaces • Ladders, scaffolds, elevated platforms • Exposure to confined space • Rigging, jacks, inspection, storage, working under loads • Cranes • Housekeeping, orderliness of jobsite equipment and material • Electrical hazards, cords, GFCI, power tools • Hand tools • Exposure to falling objects • Exposure to chemicals • MSDS available • Exposure to threatening wildlife • Exposure to dust, noise, radiation • Exposure to explosives • Exposure to compressed air or liquids • Exposed to flammables or using fuels • Lighting • ROPS (Roll Over Protection)
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Comments

Look at the way people are working: (Ex. Is personal protective equipment being worn? Is job orderly and is housekeeping good? Are people lifting properly?)

What did you see that needs to be changed or improved? (Ex: equipment not locked out or workers without proper PPE, or unsafe lifting practices)

What did you see that should be complimented? (Ex: cones in place, spotter used during backing, proper speed for conditions, good housekeeping on site)

Follow up action: (Ex: Who did you talk to? What changes were made?)

Job Site Observation Report Beach Patrol / Lifeguard

Observer: _____ Employee/Crew: _____
 Task Observed: _____ Date: _____ Duration of Observation: _____
 Location of Observation: _____ Reviewed with crew : yes no Reviewed by: _____

Conditions Observed

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the stand fully equipped with proper first aid supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew maintained constant surveillance of water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boat / rescue board positioned properly relative to water's edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew properly uses whistle to keep bathers safe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew supplied with water, sun block, umbrella, sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew uses departmental hand signals to communicate with bathers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew clad in department's uniform, and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew addresses infractions to posted beach rules consistently
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew uses proper lifting and carrying technique with stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles operated safely on beach; proper speed, and maneuvering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Universal Precautions used when dealing with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crew uses appropriate family-orientated vocabulary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stand positioned properly relative to water's edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warning signs posted; rip currents, hours of operation, etc.

Comments

Look at the way people are working: (Ex: morning PT, skills training, watching water, followed SOP for missing child, bump-up, etc)	
What did you see that should be complimented? BE SPECIFIC (Ex: spent more than 90% of time scanning water, handled bather concern properly, Wearing a hat or sun glasses.etc)	
What did you see that needs to be changed or improved? BE SPECIFIC (Ex: improper operation of vehicles or equip.)	
What could be done to make the operation safer? (Do SOPs need to be updated? Is re-training or coaching needed? Would a Toolbox Talk help?)	

Job Site Observation Report Road Work

Observer	Employee/Crew	:
Task Observed:	Date:	Time:
Location of Work Zone:	Weather Conditions:	
Road Surface Condition:		
Type of Work:		
Shoulder Closure <input type="checkbox"/>	Lane Closure <input type="checkbox"/>	Road Closure <input type="checkbox"/>
Detour <input type="checkbox"/>	Intersection <input type="checkbox"/>	Utility Work <input type="checkbox"/>

Conditions Observed

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Zone properly posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control plans submitted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing arrow boards used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approaching driver's view of work zone site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Police vehicle not used as attenuator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall work site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control signs used by flaggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work zone signs covered and removed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Impact attenuator used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full road closure 96 hour prior notification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety vests wore by Police Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taper length

Comments

<p>Look at the way people are working: (Ex. Is personal protective equipment being worn? Is job orderly and is housekeeping good? Are people lifting properly?)</p>	<p>Look at the way people are working:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is personal protective equipment being worn? <input type="checkbox"/> Is job orderly and is housekeeping good? <input type="checkbox"/> Are people lifting properly?
<p>What did you see that needs to be changed or improved? (Ex: equipment not locked out or workers without proper PPE, or unsafe lifting practices)</p>	<p>What did you see that needs to be changed or improved? (Ex: Workers without proper PPE, or unsafe lifting practices)</p>
<p>What did you see that should be complimented? (Ex: cones in place, spotter used during backing, proper speed for conditions, good housekeeping on site)</p>	<p>What did you see that should be complimented? (Ex: Cones in place, spotter used during backing, proper speed for conditions, good housekeeping on site)</p>
<p>Follow up action: (Ex: Who did you talk to? What changes were made?)</p>	<p>Follow up action: (Ex: Did you talk with workers? What changes were made?)</p>

Job Site Observation Report Sanitation, Recycling, & Bulk Pick Up

Observer: _____ Employee: / Crew _____
 Task Observed: _____ Date: _____ Time: _____
 Location of Observation: _____

Conditions Observed

Yes	No	N/A		Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back up beepers and lights are operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors appear alert and aware of surroundings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver is aware of where collectors are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors and drivers have on reflective vests, proper footwear and gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver signals all collectors before backing vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors do not stand behind truck while it is backing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver does not back up the truck if anyone is standing on the riding step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors do not stand behind the truck while it is compacting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver does not exceed 10 mph if workers are riding on the step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors do not stand below overhead containers or elevated loads
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Truck is parked on the right side of the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors do not jump on or off the step while truck is moving
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver uses a co-worker as a spotter when backing the truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors use proper lifting techniques and team lift heavy items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand holds are secure and steps have non-skid surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collectors do not ride on step when truck is traveling more than one block or turning corners

Comments

<p>Look at the way people are working: (Ex. Is personal protective equipment being worn? Is job orderly and is housekeeping good? Are people lifting properly?)</p>	<p>Look at the way people are working:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is personal protective equipment being worn? <input type="checkbox"/> Is job orderly and is housekeeping good? <input type="checkbox"/> Are people lifting properly?
<p>What did you see that needs to be changed or improved? (Ex: equipment not locked out or workers without proper PPE, or unsafe lifting practices)</p>	<p>What did you see that needs to be changed or improved? (Ex: Workers without proper PPE, or unsafe lifting practices)</p>
<p>What did you see that should be complimented? (Ex: cones in place, spotter used during backing, proper speed for conditions, good housekeeping on site)</p>	<p>What did you see that should be complimented? (Ex: Spotter used during backing, proper speed for conditions)</p>
<p>Follow up action: (Ex: Who did you talk to? What changes were made?)</p>	<p>Follow up action: (Ex: Did you talk with workers? What changes were made?)</p>

Job Site Observation Data Form Mowing Operations Observation Report

Observer:	Employee Observed:
Date:	Equipment operated:
Location:	Time:

Some Conditions to Consider

- | | |
|--|---|
| <ul style="list-style-type: none"> • ROPS (Roll Over Protection) and Wearing seat belt • Equipment equipped with ROPS and in the up position? • Work zone precautions needed? • Exposed moving parts / guards in place/PTO • Slow moving vehicle on highway • Exposure to other moving vehicles or pedestrians • Grass deflection chute pointed down? • Equipment stored on trailer &, transported correctly | <ul style="list-style-type: none"> • Exposure to unstable earth, ruts, low branches • Exposure to herbicides or pesticides on field? • First aid kit and fire extinguisher available? • Exposed to or using fuels • Exposure to dust, noise, insects, wildlife • PPE, appropriate work clothes, shorts? Hats, glasses? • Inclement weather conditions: rain, electrical storm? • Personal hygiene concerns? |
|--|---|

Narrative: Describe what you see

Look at the way people are working: (Ex: Is personal protective equipment being worn?)

What did you see that needs to be changed or improved? Be specific

What did you see that should be complimented? Be specific

Follow up action: (Ex: Who did you talk to? What changes were made?)