



**T.A. WOODS COMPANY**  
**DAILY SAFETY INSPECTION**

Plumbing  
1500

Piping  
1600

HVAC  
1700

Service  
1800

Electrical  
1900

Project Name: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Date: \_\_\_\_\_

\*Notes in Comment Section Rev 08/17

SAFETY FUNCTION	Y	N	NA	COMMENTS
-----------------	---	---	----	----------

**1. JOB INFORMATION**

Mandatory postings in visible location				
Emergency procedure/number posted/visible				
Weekly Safety Training/Daily 5X3/documented				
Work areas properly signed, accessed				
First Aid Kit/Pathogens Kit/water and cups				
Hazard Analysis complete, reviewed, filed				

**2. HOUSEKEEPING**

Neatness/Orderliness of work areas				
Procedures implemented and communicated				
Waste containers provided and used				
Passageways and walkways clear				
Obstructions discussed/remediated				
Adequate lighting in work areas/stairways				

**3. FIRE PROTECTION**

Fire extinguishers inspected/accessible				
"No smoking" posted				
Flammables/Combustibles labeled and secure				

**4. ELECTRICAL**

Cords inspected daily				
Cords free of cuts, damage/have ground prong				
Cords out of walkway/work paths				
GFCI in place and inspected daily				
Terminal boxes equipped with covers				
LOTO system in place /Haz Energy controlled				
Competent Person on site				

**5. HAND, POWER & POWDER**

**ACTUATED TOOLS**

Correct tools on project for assigned tasks				
Tools inspected daily, guards in place, tagged				
Employees trained in use of tools for task				
Powder-actuated tool operators certified				

**6. FALL PREVENTION/PROTECTION**

Expose to 6' < fall protection/harness, lanyard				
Attached to appropriate anchorage/structure				
Barricades, warning lines erected as needed				
Lift operators certified/lifts inspected daily				
On lifts wearing h & l, inspected daily				
Employees protected from falling objects				
Lift area barricaded, signage, warning				

**7. LADDERS**

Ladders inspected daily, good shape, labels				
Proper height, type of ladder used				
Access ladders extend 36" above landing				
Ladders secure to prevent slipping, sliding				
Stepladders used in fully open position, locked				
No step at top 2 rungs of stepladder				
Practice work ergonomics				

SAFETY FUNCTION	Y	N	NA	COMMENTS
-----------------	---	---	----	----------

**8. SCAFFOLDING**

Erected by Competent Person/Qualified Person				
All scaffolding inspected daily/tagged by CP				
Set plumb with foundation bearing plates				
Tied to structure as required				
Guardrails, toe boards & screens in place				
No access without supervisor directive				
Proper access provided and used				

**9. FLOOR & WALL OPENINGS**

All floor/deck openings covered/barricade				
Barrier guards at 6'<				
Roof edges at 6'< railings, wire cable				
Non-access area flagged				
Materials stored away from edge				

**10. TRENCHING, EXCAVATION & SHORING**

Competent person on site				
Excavation protected/shore, sloped, trench box				
Spoil 2'< or more from trench/Warning erected				
Equipment away from edge				
Ladders provided every 25' for entry/exit				
Atmosphere tested and monitored				

**11. MATERIAL HANDLING**

Materials properly stored or stacked				
Employees using proper lifting methods				
Proper number of employees for task				
Access path to materials clear, no obstructions				
Tag lines used to guide loads				

**12. HAZARD COMMUNICATION**

SDS on site/updated chemical list				
SDS reviewed, accessible to employees,				
Work area free of lead, asbestos, similar				

**13. WELDING & BURNING**

Cylinders in upright position, marked				
Valve protection caps on when not in use				
Cylinder valves closed when finished				
Cylinders securely in place/chained				
Separating distance between fuels and O2				
Fire extinguisher(s) nearby and accessible				
Hoses, couplings inspected daily, good shape				
Appropriate controls, screens, PPE, smoke eater				
Welding certifications on site				

**14. DEMOLITION**

Hazards identified and communicated				
Energy sources controlled/LOTO plan/permit				
Appropriate safety controls, PPE				

**15. PERSONAL PROTECTIVE EQUIPMENT**

Company hard hats good condition and worn				
Eye/face protection worn –glasses, shields				
Hand/arm protection worn – gloves, sleeves				
Safety-toed boots, slip-resistant soles worn				
Hearing protection worn when required				
Respirators worn when required, fit test				
Additional PPE worn as required based on task				

Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_