

Using Adobe to fill out Daily Safety Checklists



T.A. WOODS COMPANY DAILY SAFETY INSPECTION

- Plumbing 1500
- Piping 1600
- HVAC 1700
- Service 1800
- Electrical 1900

Project Name: Surf City K-8
 Superintendent: John Smith
 Date: 9/5/2017

*Notes in Comment Section Rev 08/17

1. Enter job information, Superintendent, and Date

2. Tap the appropriate section

SAFETY FUNCTION	Y	N	NA	COMMENTS
1. JOB INFORMATION				
Mandatory postings in visible location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency procedure number posted/visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weekly Safety Training Daily 5X3 documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See DSFR
Work areas properly signed, accessed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Kit Pathogens Kit water and cups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard Analysis complete, reviewed, filed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. HOUSEKEEPING				
Neatness/Orderliness of work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures implemented and communicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste containers provided and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Passageways and walkways clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Obstructions discussed/remediated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting in work areas/stairways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. FIRE PROTECTION				
Fire extinguishers inspected/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"No smoking" posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammables Combustibles labeled and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. ELECTRICAL				

3. Tap on the appropriate answer Yes, No, or NA
 Comment as needed

15. PERSONAL PROTECTIVE EQUIPMENT

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

Superintendent Signature: John Smith Date: 9/5/2017

Once finished, Sign and Date
 (See Adobe instructions on how to create/sign with a signature)