



DAILY SITE SAFETY REPORT

Report Completed By:

Project	Number in Crew	Temp	Weather Conditions	Today's Date
		H L		

1. Ladders			2. Welders			3. Torches			4. Rigging		
	Y	N		Y	N		Y	N		Y	N
a. Tied off top and bottom			a. No fuel spilled/leaking			a. Backflows in use			a. Broken strands on chokers		
b. 3ft above walking surface			b. Leads in good condition			b. Hose in good condition			b. Hooks in good condition		
c. Set up properly			c. Fire Extinguisher close			c. Gauges in good condition			c. Latches in good condition		
d. In good condition			d. Number of welders used			d. Number of torches used			d. Holes covered		
e. Limited access signs in place			e. Welder No.			e. Number of extension cords			e. Guard system in place		
f. Number of ladders on site			f. Welder No.			f. Cuts, burn, tears in cords			f. Other Observations:		
g. Number of fire extinguishers			g. Welder No.			g. Ground plugs present					
h. Fire extinguishers in right places			h. Welder No.			h. Ground fault in use					
i. Other Observations:			i. Other Observations:			i. Other Observations:					

Safety Violations			
Employee Name and Job Performed	Describe Infraction	Describe Verbal Warning	Describe Written Warning

<p>INSTRUCTIONS: Inspect all applicable items each shift. Suspend all operations immediately when observing an unsatisfactory condition of any item indicated above with an asterisk (*). In addition, suspend operation when any unsafe condition is observed and immediately notify your supervisor. Other conditions not affecting safety shall be noted under "Remarks" below</p>	<p>OPERATOR SIGNATURE</p>
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