



Supervisor Weekly Inspection Report

Date: _____ **Supervisor:** _____

Location: _____ **Company:** _____

The information contained herein is privileged and may only be released with the permission of the site supervisor. This weekly inspection of site equipment/materials & tools is to verify that they meet all the manufacturer's requirements. It is also to ensure that they are above average condition, as per the OH&S Act and Construction Regulation 213/91, as amended.

Compliance Criteria	Yes	No	NA	Comments
1. Project Signs Posted				
2. Operating Manuals Available				
3. Communication Equipment				
4. Traffic Control Plan Known				
5. First Aid Kits Available				
6. First Aid Certificates Posted				
7. WHMIS "Labels"				
8. MSDS Available				
9. Emergency Plan Available				
10. Fire Extinguishers Available				
11. Housekeeping Above Average				
12. Proper Site Access				
13. PPE being used				
14. Guardrails in Place				
15. Protective Covers in Place				
16. Ladders Secured & Available				
17. Ladders Free of Defects				
18. Tools in Good Condition				
19. Pinch Point Guards/Barrier				
20. Electrical Cords Intact				
21. GFCI Available				
22. Lighting Available				
23. Overhead Wires Identified				
24. Utility Locates Available				
25. Utility Locates Current				
26. Scaffolds Available				
27. Scaffolds Set up Proper				
28. Confined Space(s)				
29. Lockout & Tag Available				
30. Signaler for Reversing Vehicles				
31. Safe Material/Equip. Storage				
32. Hoisting & Rigging Components				
33. Hoisting & Rigging Signaler				

Please document any corrective action taken on the back.

Date/Time Submitted: _____ **Signature:** _____