

































































































































































**FORM O**

**RIGGING INSPECTION LOG**

Company: \_\_\_\_\_ Week Of \_\_\_\_\_

Site: \_\_\_\_\_

Check One: Chain Sling Insp. \_\_\_\_ Wire Rope Insp. \_\_\_\_ Synthetic Insp. \_\_\_\_

ID# - color & Location	Mon	Tue	Wed	Thur	Fri	Sat	Sun
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__
	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__	A-H Good__ Bad__

- Rigging checked as bad must be immediately removed from service.
- Place an “R” to the right of “Bad” to indicate that the rigging was removed from service.

**Chain Sling**

- A - Inner Link Wear
- B - Bent Links
- C - Stretched Chain
- D - Gouges
- E - Heat Damage
- F —Cuts or Nicks
- G - Condition of End Fittings
- H - Hook Conditions

**Wire Rope**

- A - Kinks
- B - Crushed
- C - Birdcaging
- D - Broken Wires
- E - Heat Damage
- F - End Attachment Fittings
- G - End Attachment Wires
- H - Hook Condition

**Synthetic**

- A - Melting or Burns
- B - Snags
- C - Punctures
- D - Tears
- E - Cuts
- F - Broken Stitches
- G - Distorted Fittings
- H - Worn Fittings

Inspected by: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_





## FORM Q

### WEEKLY TEMPORARY POWER AND TEMPORARY LIGHTING SAFETY INSPECTION CHECKLIST

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

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

This Inspection Checklist is to assist in keeping equipment in safe operating condition. The procedures listed do not claim to be all inclusive or to change or supersede any requirements of the manufacturer, federal, state, local regulations, codes or ordinances.

	YES	NO	ACTION COMMENTS
All GFCIs have been tested and are functioning correctly.			
All temporary wiring is properly secured out of reach and off of walking-working surfaces.			
All temporary wiring is properly protected with no current-carrying conductors exposed.			
All work areas are adequately illuminated.			
Protective covers are in place over all temporary lighting.			
All temporary power panels are kept clear of wet areas.			
Temporary power panels have all protective covers in place.			
All breakers and fuses are properly labeled.			
Lockout / Tagout equipment is available and procedures are followed.			
Other:			

**FORM R**

**CONFINED SPACE ENTRY PERMIT**

Entry Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_

Description of Work to be Performed: \_\_\_\_\_

Jobsite: \_\_\_\_\_ Location of Confined Space: \_\_\_\_\_

**Entry Checklist:**

Potential Hazards Identified?	___ Yes	___ No
Communications Established with Safety Manager?	___ Yes	___ No
Emergency Procedures Reviewed?	___ Yes	___ No
Entrants and Attendants Trained?	___ Yes	___ No
Isolation of Energy Completed?	___ Yes	___ No
Area Secured?	___ Yes	___ No
Emergency Escape Retrieval Equipment Needed?	___ Yes	___ No
Personal Protective Equipment Used?	___ Yes	___ No

**Confined Space Equipment and PPE Used During Entry:**

___ Tripod with Mechanical Winch	___ Air Purifying Respirator	___ Gloves
___ Rescue Tripod with Lifeline	___ Self Contained Breathing Apparatus	___ Hard Hat
___ Chemical Resistant Clothing	___ Two-Way Communications	___ Harness
___ General/Local Exhaust Ventilation	___ Safety Glasses/Goggles/Face Shield	___ Hearing Protection
___ Other PPE or Equipment Used		

**Air Monitoring Results Prior to Entry:**

Monitor Type: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Oxygen \_\_\_\_\_% LEL \_\_\_\_\_% CO \_\_\_\_\_% H2S \_\_\_\_\_%  
 Calibration Performed? \_\_\_ Yes \_\_\_ No Initials \_\_\_\_\_  
 Alarm Conditions? \_\_\_ Yes \_\_\_ No

Monitoring Performed by (sign) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Continuous Air Monitoring Results:**

Time _____	Oxygen _____%	LEL _____%	CO _____%	H2S _____%
Time _____	Oxygen _____%	LEL _____%	CO _____%	H2S _____%
Time _____	Oxygen _____%	LEL _____%	CO _____%	H2S _____%
Time _____	Oxygen _____%	LEL _____%	CO _____%	H2S _____%

**Authorization**

We have reviewed the work authorized by this permit and the information contained herein. Written instructions and safety procedures have been received and are understood. This permit is not valid unless all appropriate items are completed. This permit is to be kept at the jobsite. Return a copy to supervisor

Entrant(s) Name(s) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attendant's Name(s) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name(s) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FORM S

## Safety Audit Safety Checklist

**Conducted on**  
Date

**Prepared by**  
Safety Manager

**Completed on**  
Date

## Audit

Question	Response
<b>Project Site Safety Audit</b>	
Project:	
Date:	
<b>Safety Checklist</b>	
1. Employment, OSHA, Hazmat poster onsite	OK Infraction N/A Responsible: LMB SUB
2. SDS/Right-to-Know Information available	OK Infraction N/A Responsible: LMB SUB
3. Proper jobsite signs- Exit, Danger, PPE, etc.	OK Infraction N/A Responsible: LMB SUB
4. Subcontractor Form A signed and filed on-site	OK Infraction N/A Responsible: LMB SUB
5. Properly stocked first aid supplies	OK Infraction N/A Responsible: LMB SUB
6. General housekeeping site/temporary storage	OK Infraction N/A Responsible: LMB SUB
7. Fire extinguishers inspected and available	OK Infraction N/A Responsible: LMB SUB
8. Adequate lighting provided	OK Infraction N/A Responsible: LMB SUB
9. Floor/roof opening guardrails, holes covered/ marked	OK Infraction N/A Responsible: LMB SUB
10. Proper pants, shirts, boots	OK Infraction N/A Responsible: LMB SUB
11. Scaffolds properly erected/guardrails/walkboards	OK Infraction N/A Responsible: LMB SUB
12. Gas cylinders uprights, properly secured, capped	OK Infraction N/A Responsible: LMB SUB
13. Temporary power, GFCI tested	OK Infraction N/A Responsible: LMB SUB
14. Proper gauge extension cords with grounds	OK Infraction N/A Responsible: LMB SUB
15. Power tools have proper guards	OK Infraction N/A Responsible: LMB SUB

















Subcontractor Safety and Historical Record (continued)

6. Do you have a training program for newly hired or promoted foremen?  Yes  No  
If yes, does the instruction include the following?

Yes	No		Yes	No
_____	_____	Safe Work Practices	_____	_____
_____	_____	Toolbox Meetings	_____	_____
_____	_____	First Aid Procedures	_____	_____
_____	_____	Fire Protection and Prevention	_____	_____
			_____	_____
			_____	_____
			_____	_____
			_____	_____

7. How often do your foremen hold site toolbox safety meetings?  
\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (please list)

8. How often do you hold safety meetings for field supervisors?  
\_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (please list)

9. Do you conduct project safety inspections?  Yes  No

If yes, who conducts the inspection: Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
How Often: \_\_\_\_\_

10. Are the General Contractors copied on these inspections?  Yes  No  
If no, explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Subcontractor Safety Contact Information:

Company Safety Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

How to quickly contact this person:

(work) \_\_\_\_\_ (home) \_\_\_\_\_

(pager) \_\_\_\_\_ (mobile) \_\_\_\_\_