

Check box when copy forwarded to Safety Coordinator

Check if safe work permit is attached

**SAFETY MEETING, HAZARD IDENTIFICATION & SITE INSPECTION CHECKLIST**

Company: \_\_\_\_\_ Job Type: \_\_\_\_\_  
 Unit Number: \_\_\_\_\_ File #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_  
 Location (s): \_\_\_\_\_ Departure Time: \_\_\_\_\_

Working Alone contact person & phone number \_\_\_\_\_

<u>ACCESS/SITE CONDITIONS</u>	<u>REQUIREMENTS</u>	<u>Y</u>	<u>N</u>
Road conditions _____	Nomex coveralls _____	_____	_____
Weather (describe) _____	Hard hat _____	_____	_____
Traffic on site _____	Steel toed boots _____	_____	_____
Equipment on site _____	Safety Glasses _____	_____	_____
Livestock/animals _____	Protective gloves _____	_____	_____
Surface/terrain disturbances _____	Other safety equipment _____	_____	_____
Buildings/structures _____	Supervision on site _____	_____	_____
Pits, ponds _____	SOP's, safe work procedures _____	_____	_____
Overhead or buried cables _____	Vehicle Walk Around inspection _____	_____	_____
Hazardous materials _____	Emergency response plan _____	_____	_____
Condition-equipment/tools _____	Line location _____	_____	_____
Noise exposure _____	Working Alone call In/out _____	_____	_____
Confined space/entry _____	H <sub>2</sub> S Monitor Available _____	_____	_____
H <sub>2</sub> S Site _____	Oxygen % Level _____	_____	_____
H <sub>2</sub> S ppm _____	Flammability % Level _____	_____	_____

**CONTRACTOR SAFETY**

Have on-site contractors received safety handbook _____	Safe Work Permit _____	_____	_____
Vehicle walk around conducted _____	Personal Protective Equipment _____	_____	_____
Ground Disturbance/First Aid/ H <sub>2</sub> S _____	Highway flags/ reflective vests _____	_____	_____

If contractor has not received safety handbook distribute and review

**SAFETY HAZARDS IDENTIFICATION, DISCUSSION & RECOMMENDATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-arranged work alone call in times: \_\_\_\_\_

**ATTENDEES' NAMES (print and sign):**

Company / Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is Operator on-site? \_\_\_\_\_ Yes \_\_\_\_\_ No Operator Name: \_\_\_\_\_