WIELAND-DAVCO OSHA INSPECTION REPORT FORM

Location: Proje		ct Supt.:		
Job No.:		oject Mgr.:		
Clien	t: Sa	fety Supervisor:	Date:	
	deral and state OSHA inspections are to be reported h a separate sheet.	l on this form. If more space is requ	iired for any answer,	
1.	Opening conference date and time:			
2.	Closing conference date and time:			
3.	Duration of field inspection:			
4.	Was WDC's corporate management advised prior	to inspection?	No	
	Who was advised?			
5.	Was a warrant requested?	Yes	No	
	Presented by OSHA?	Yes	No	
6.	Were WDC's subcontractors on site?	Yes	No	
	If so, were subcontractors involved in the inspection	on process? Yes	No	
7.	Name and title of OSHA compliance personnel (inc	clude ID number):		
8.	Reason for inspection (incident, complaint, follow-up, general, other):			
9.	Did OSHA take photographs?	Yes	No	
10.	Did WDC take photographs?	Yes	No	
11.	Were any tests made?	Yes	No No	
	If yes, explain:			
12.	List all persons who accompanied officer on inspec	ction:		
13.	Identify areas of project inspected:			
14.	Did inspector request to see any of WDC's safety	or health records? Yes	No	
	Dia inopositi request to see unly of WDO's safety (110	

d the officer have discussions with individual employees?	Yes	No _
ummary of closing conference:		
d inspector imply that citations would be issued?	Yes	No _
hat violations were alleged?		

Attach list of WDC's subcontractors and alleged violations (if applicable) 20.

<u>Forward a copy of this report to:</u> Project Superintendent Project Manager Corporate Safety Director