



THE WIELAND - DAYCO CORPORATION

# The Wieland-Davco Corporation Jobsite Safety and Health Review

To Be Filled Out Weekly By Site Superintendent  
Date \_\_\_\_\_ Name \_\_\_\_\_

<u>Item</u>	<u>Requirements</u>	<u>Satisfactory</u>	<u>Corrections</u>	<u>Date</u>
<b>Field Observations</b>				
A1. Personal Protective Equipment				
	a. Hard Hats, Safety Glasses	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	b. Safety Goggles (if needed)	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	c. Face Shields (if needed)	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	d. Ear Protection	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	e. Respiratory Protection	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	f. Safety Harness/Lanyard	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	g. _____	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
A2. Housekeeping				
	a. Office, Trailer and Parking	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	b. Resting Area	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	c. Sanitation Facilities (adequate/clean)	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	d. Drinking Water Adequate	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	e. Water Container Marked	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	f. Disposable Drinking Cups	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	g. Walkways/Passageways	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	h. Work Areas	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	i. FAB Areas	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
A3. Shop/Tool Rooms and Storage Areas				
	a. Proper Tool Storage	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	b. Isolation of Tools for Repair	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	c. Housekeeping	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	d. Proper Lighting	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	e. Proper Ventilation	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	f. Correct Storage of Flammable and Combustible	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	g. _____	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
A4. Electrical				
	a. Master Breakers Labeled	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	b. Receptacles w/proper cover	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	c. Cords/Cables protected	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	d. Current Assured Grounding Codes	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	e. Temporary Wiring Weather Suited	Yes ___ No ___ N/A ___	Yes ___ No ___	_____
	f. _____	Yes ___ No ___ N/A ___	Yes ___ No ___	_____



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<u>Item</u>	<u>Requirements</u>	<u>Satisfactory</u>	<u>Corrections</u>	<u>Date</u>
A5. Fire Prevention				
a. Flammable/Combustible Properly Stored		Yes___ No___ N/A___	Yes___ No___	_____
b. Fire Blankets (when needed)		Yes___ No___ N/A___	Yes___ No___	_____
c. Fire Watch		Yes___ No___ N/A___	Yes___ No___	_____
d. Welding/Cutting/Brazing		Yes___ No___ N/A___	Yes___ No___	_____
e. Fire Extinguisher Inspected and Operable		Yes___ No___ N/A___	Yes___ No___	_____
f. _____		Yes___ No___ N/A___	Yes___ No___	_____
A6. Walking/Working Surface				
a. Fall Protection		Yes___ No___ N/A___	Yes___ No___	_____
b. Trip/Slip Hazards Removed		Yes___ No___ N/A___	Yes___ No___	_____
c. Handrail (4 or more steps)		Yes___ No___ N/A___	Yes___ No___	_____
d. Safety cables secured		Yes___ No___ N/A___	Yes___ No___	_____
e. _____		Yes___ No___ N/A___	Yes___ No___	_____
A7. Hand/Power Tools				
a. Proper Tool for Job		Yes___ No___ N/A___	Yes___ No___	_____
b. Guard in Place/Operable		Yes___ No___ N/A___	Yes___ No___	_____
c. Correct Grounding Code		Yes___ No___ N/A___	Yes___ No___	_____
d. Proper PPE		Yes___ No___ N/A___	Yes___ No___	_____
e. _____		Yes___ No___ N/A___	Yes___ No___	_____
A8. Welding/Cutting				
a. Welding Leads Undamaged		Yes___ No___ N/A___	Yes___ No___	_____
b. 6pks. Grounded		Yes___ No___ N/A___	Yes___ No___	_____
c. Gas Cylinders Secured		Yes___ No___ N/A___	Yes___ No___	_____
d. Cylinders Opened with 2 Turns		Yes___ No___ N/A___	Yes___ No___	_____
e. Regulators Working		Yes___ No___ N/A___	Yes___ No___	_____
f. Flashback Protection		Yes___ No___ N/A___	Yes___ No___	_____
g. Fire Watch Maintained		Yes___ No___ N/A___	Yes___ No___	_____
h. Proper PPE worn		Yes___ No___ N/A___	Yes___ No___	_____
i. _____		Yes___ No___ N/A___	Yes___ No___	_____
A9. Hazard Material Handling				
a. Correct PPE		Yes___ No___ N/A___	Yes___ No___	_____
b. Emergency Showers		Yes___ No___ N/A___	Yes___ No___	_____
c. Permit if Needed		Yes___ No___ N/A___	Yes___ No___	_____
d. Fire Extinguishers at Hand		Yes___ No___ N/A___	Yes___ No___	_____
e. Suitable change area		Yes___ No___ N/A___	Yes___ No___	_____
f. _____		Yes___ No___ N/A___	Yes___ No___	_____