Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prime Contractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Part 1 – Activity and Site Conditions** | |
| Activity at time of inspection |  |
| Weather Conditions |  |
| Number of boats and type |  |
| Number of workers on site |  |
| Upset conditions or changes from previous month’s inspection (e.g. damage, injury or shutdown): | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 2 – Item** | **Hazard identified or Improvement Needed** | **Action Needed** | **When and by who** | **Date Completed and by who** |
| Dock Ramp and Railings |  |  |  |  |
| Dock – anchors, decks and cleats |  |  |  |  |
| Booming ground trailer and storage sheds |  |  |  |  |
| Housekeeping around dock, floats, shed and trailer |  |  |  |  |
| Fuel tanks, hoes, pumps and nozzles |  |  |  |  |
| Booming ground shack |  |  |  |  |
| Dock storage – chains, cables and wires |  |  |  |  |
| Standing Boom |  |  |  |  |
| Boom Boats |  |  |  |  |
| Dozer Boats |  |  |  |  |
| Auger (guarding) |  |  |  |  |
| Boat Registration |  |  |  |  |
| Barges and Floats |  |  |  |  |
| Communications (for work and emergencies) – radios, phones |  |  |  |  |
| Signage – dock and ramp |  |  |  |  |
| **Part 3 – First aid and Emergency Response** | **Improvement Needed** | **Action Needed** | **When and by who** | **Date Completed and by who** |
| Site First Aid Assessment |  |  |  |  |
| First Aid Attendants |  |  |  |  |
| First Aid Supplies and Equipment |  |  |  |  |
| Fire extinguishers and fire tools |  |  |  |  |
| PPE available (Hard hats, PFDs, high-vis, caulk boots,..etc) |  |  |  |  |
| Spill kits and equipment |  |  |  |  |
| Rescue Boat available or designated |  |  |  |  |
| **Part 4 – Activity or Site Specific** | **Improvement Needed** | **Action Needed** | **When and by who** | **Date Completed and by who** |
|  |  |  |  |  |
|  |  |  |  |  |

Inspection Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and signature)