

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Project Manager/Supervisor: \_\_\_\_\_ Job #: \_\_\_\_\_

## JOB SITE AUDIT CHECKLIST

## SAFETY

<b>1. Material Handling</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1.1 Are mechanical devices being used in place of manual handling of material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Are ropes, slings, chains, hook, cables, and chokers in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Proper staging of materials to minimize lifting and carrying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Rigging equipment inspected regularly and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Is the handling of material limited to 50 lbs.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Is all rigging and being used correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Is OEM specialty rigging being utilized as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8 If eyebolts are in use, are they installed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Are eyebolts free from modifications made in the field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Are modified eyebolts labeled and stored separately from unaltered eyebolts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. Housekeeping: Slips, Trips and Falls</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
2.1 Are walking and working surfaces clear and free of debris, cords, and hoses so as not to create a tripping hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Are waste and trash containers provided, and used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Are proper waste and recycling procedures being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Is there regular removal of waste and trash from the containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Does each trade clean up and organize work areas as work progresses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Is adequate temporary lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Is temporary storage of materials and supplies done in an organized fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Are temporary stairs provided for working surfaces with an 8" transition or greater?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 Are handrails present on stairs if the change in elevation is greater than 30" or when using more than 3 steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10 Are ladders inspected before each use, stored properly, and properly secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Fire Protection and Prevention</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
3.1 Are all flammable liquid containers clearly identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Are all flammable liquid containers UL of FM listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Have proper storage practices for flammables been observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Are extinguishers readily accessible and serviced regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Are hydrants clear and accessible for fire department personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Have gas cylinders been chained upright with valve caps securely fastened during transport and storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Has there been proper segregation between flammable gasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Are full and empty cylinders labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.9 Are temporary heaters located at a safe distance from combustibles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Is ventilation adequate for temporary heaters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11 Are correct hot work procedures being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12 Are bolt heating procedures/safety requirements being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13 If required, are fire watches being utilized and in appropriate areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>4. Electrical</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
4.1 Are all switch gear, panels, and devices that are energized marked and/or guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Are lockout devices available/used on circuits that are being worked on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Are all temporary circuits properly guarded and grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Are extension cords in continuous lengths without splices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Are GFCI's and/or Assured Equipment Grounding Conductor Program being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 If temporary lighting is provided, are bulbs protected against accidental breakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 Are cords protected and free of pinch points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8 Are there a sufficient number of temporary outlets on the job site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9 Are outlets free from visual signs of overloading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5. Tools: Hand, Power, and Specialty</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
5.1 Are tools free of any obvious physical damage / frayed or damaged cords?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Are tools and cords properly grounded (ground pins are in good condition)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Are double insulated tools in use and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Are the handles on all tools in good condition (not bent, splintered or broken)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Are all hoses on air or hydraulic tools in good condition ( <i>manufacturer crimps on ends</i> )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Are all shields, guards, and handles in place on the tools and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7 Are air nozzles equipped with all safety features and being used properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8 Are operators trained and authorized to use tools and equipment (i.e. Hytorc, band saws, bolt heaters, chain saws)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.9 Are air fuses being utilized at the source on air lines greater than ½ inch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>6. Welding and Cutting</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
6.1 Are enclosures, (screens/shields) provided and used when welding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Are protective eyewear, gloves, and clothing being used by welder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Are inspection for fire hazards 30 min after welding stops taking place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Are gas cylinder, hoses, regulators, torches, torch tips and carts, in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Are welding and ground cables properly insulated, sized and located to avoid tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Is natural or mechanical ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.7 Are surrounding flammables and combustibles either removed or protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.8 Are hot work permits up to date and posted near the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>7. Barricading</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
7.1 Are covered floor openings planked, secured, and labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Are guarded floor openings equipped with scaffold hand rails and labeled properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Are proper procedures being followed for crane operations and overhead work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Are signs posted on caution and danger areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 Is a flag person provided to direct people / traffic when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.6 Has the person been trained on how to direct traffic and the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>8. Scaffolding</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
8.1 Are scaffold components free of any physical damage? (no bent supports or bracing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Is scaffold properly erected with all pins and braces in place and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Are rolling scaffolds equipped with locking wheels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Are wheels locked when scaffold is in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Is scaffold erected on a firm and substantial surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6 Has Scaffolding been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Planking in good condition of a scaffold grade and properly installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8 Are toe boards and guardrails in place on scaffolds over 10 feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.9 Are workers on scaffolding protected from falling objects if overhead hazards exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.10 If need, are ladders provided for access to the scaffold work platform?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.11 Are employees using the ladder for access only and not carrying materials and tools while on the ladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>9. Personal Protective Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
9.1 Is hearing protection available for personnel that may be exposed to noisy conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2 Is respiratory protection available to personnel and being used when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3 Are safety harnesses, lifelines and shock absorbing lanyards available and being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4 Are employees using the proper type of gloves for the task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5 Are safety glasses, face shields, and goggles being utilized as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6 Is lifesaving equipment available for work over or near water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7 Are site specific PPE requirements being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>10. Medical</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
10.1 Are first-aid kits available and properly stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2 Is the emergency action plan available and are all emergency phone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.3 Are employees aware of the site address and able to direct emergency response teams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.4 Is at least one person trained in first aid and CPR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>11. Hazard Communication</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
11.1 Is a list of MSDS for approved chemicals on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.2 Are temporary containers labeled using NFPA and HMIS systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.3 Have other contractors been informed of chemical use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.4 Are chemicals being stored properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.5 Are consolidation practices being utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.6 Do all containers being stored have lids or covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>12. Hoist, Cranes and Derricks</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
12.1 Are crane operators properly trained and certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.2 Do overhead cranes have roller sweeps and do gantry cranes have hand rails with gates for walkways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.3 Are load capacities and charts posted in the cab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.4 Are power lines at a safe distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.5 Do cranes have proper barricades around swing radius?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.6 Are crane inspection logs and load charts with crane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.7 Are pre-operational inspections being documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8 Has floor loading been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.9 Are signal persons and riggers trained and authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.10 Are spotters and safety watches being utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.11 If equipped with outriggers, are they full extended with the proper cribbing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13. Heavy Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
13.1 Operators properly trained and authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.2 Inspection and maintenance performed on a regular schedule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.3 Do bi-directional machines have operational signal horns and or back-up alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.4 Is roll over protection and seat belts provided and utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.5 Is equipment clean and free of grease, oil, mud, fluids and other slipping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.6 Are moving parts protected by guards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.7 Are engines shut off during refueling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.8 Is glass clean, free of defects, and rated as safety glass or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.9 Are lights, reflectors, wipers, defrosters, mirrors, tires, etc. in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.10 Are employees riding on heavy equipment without a proper seat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.11 Pre-operational inspection performed at the beginning of each shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.12 Has floor loading been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.13 If required, are employees wearing high visibility clothing when working near heavy equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>14. Aerial Lifts</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
14.1 Are employees using aerial lifts trained and authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.2 Are manufacture's operation and safety rules being obeyed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.3 Has the lift been inspected and all controls tested prior to each days use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.4 Is the lift positioned on solid, level ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.5 Boom and basket load limits within manufacture's specs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.6 Is everyone in the lift basket wearing fall prevention or protection equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.7 Are brakes set and outriggers positioned as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.8 Are pre-operational inspections performed at the beginning of each shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.9 Has floor loading been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.10 Are spotters and safety watches being utilized when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>15. Confined Space</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
15.1 Are confined spaces identified with signs posted at the entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.2 Has air quality test been performed before entry and as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.3 Is the confined space entry form properly filled out and posted at entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.4 Is a confined space attendant posted at entrance with authorized entrant log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.5 Have permit-required spaces been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>16. Administrative</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
16.1 Are Pre-Task forms ( <i>tasking</i> ) being filled out and signed for each shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.2 Are meetings being held for beginning of shift, Critical lifts, and other safety matters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.3 Are Safety Time Out cards ( <i>green cards</i> ) being utilized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.4 Are tools and safety equipment requiring an NCR documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.5 Is there a sufficient amount of safety gear; (gloves, face shields, fall protection etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.6 Are federal and state signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.7 Is the emergency action plan posted with emergency contacts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.8 Are all safety forms/documents readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.9 Are all safety forms/records being filed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.10 Are out of service tools and equipment properly labeled and stored in one place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>17. Health and Welfare</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
17.1 Are sufficient restrooms available and regularly serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.2 Are sufficient hand wash stations available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.3 Is adequate drinking water available with disposable cups and waste containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.4 Are break/office areas routinely cleaned and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.5 If required, has sufficient downtime been calculated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.6 Have environmental safety hazards been assessed (i.e. heat/cold, ventilation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>18. Lockout/Tagout</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
18.1 Are lockout/tag out procedures being followed for TurbinePROs equipment? i.e. Turning gear, bolt heaters, electrical boxes on connexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.2 Are employees trained in lockout/tag out and following procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** Please include positive and negative notes. Remember to take pictures.

<b>Number</b>	<b>Description</b>	<b>Corrected( date/initial)</b>

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# JOB SITE AUDIT CHECKLIST

# QUALITY

19. Data Sheets	Yes	No	N/A
19.1 Are Data Sheets Being Used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.2 Are Data Sheets Being uploaded to Cloud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.3 Are Data Sheets Available for all items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Inspection & Test Plans (ITPs)	Yes	No	N/A
20.1 Are ITP's available on site/in cloud?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.2 Are ITP's being filled out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.3 Are ITP's being completed on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Cloud Folders	Yes	No	N/A
21.1 Is there a process on site for Cloud Folder Uploads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.2 Are the Clouds being utilized and kept up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.3 Are the Clouds being utilized by Customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Personnel Files	Yes	No	N/A
22.1 Have the proper personnel files been uploaded/Emailed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.2 Have the personnel files been kept in a secure location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.3 Have the personnel files been destroyed at the end of the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Equipment or Parts Storage	Yes	No	N/A
23.1 Proper staging of materials to minimize damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.2 Proper staging of materials to minimize loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.3 Proper FME of open cavities to minimize foreign material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number	Description	Corrected( date/initial)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Quality Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_