

**Brieser Construction**  
**Jobsite Survey & Behavior Observation**

|                  |                      |                      |  |
|------------------|----------------------|----------------------|--|
| Company name     | Brieser Construction | Job Number           |  |
| Supervisor       |                      | Surveyed By          |  |
| Date/time        |                      | Supervisor Signature |  |
| Jobsite location |                      |                      |  |

**S= Safe Condition    N/A= Not Applicable    R= At Risk Condition**

| JOBSITE CRITERIA   | S                        | N/A                      | R                        | COMMENTS - Positive & Reinforcement |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| <b>Individual Observation Section</b>                    |                          |                          |                          |                                     |
| <b>Personal</b>  |                          |                          |                          |                                     |
| Head   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Eyes & Face  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Ears   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Legs & Feet  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Arms & Hands   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>Body use and positioning:</b>                         |                          |                          |                          |                                     |
| Lifting/Pulling/Pushing                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Striking Against or Being Struck by Objects              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Contacting Temperature Extremes                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Contacting Electric Current                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Exposure to a Hazardous Substance                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Repetitive Motions                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Awkward Positions/Static Postures                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Caught In, On, or Between Objects                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Falling  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>Tools and Equipment:</b>                              |                          |                          |                          |                                     |
| Proper Selection and Use                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Tool and Equipment Condition                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Cords/Lights Condition and Tagged Properly               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| GFCI's/Tested & Being Used                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Scaffolds Tagged & Inspected                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>Housekeeping Condition</b>                            |                          |                          |                          |                                     |
| At audit start   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| During audit   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>Jobsite Survey Section</b>                            |                          |                          |                          |                                     |
| <b>Work</b>  |                          |                          |                          |                                     |
| Housekeeping Condition                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Area Flagged Off Properly                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Proper Storage of Materials                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Walking and Working Surfaces                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Adequate Lighting  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>Jobsite General:</b>                                  |                          |                          |                          |                                     |
| TSTI complete & reviewed                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Emergency Procedures Posted                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| First Aid Kit Available and Properly Stocked             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Barricades installed where needed                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Are Anonymous Safety Risk Report Forms Available onsite? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Safety Meetings Held Weekly                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| <b>Operating</b>   |                          |                          |                          |                                     |
| Hot Work/Entry Permits                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Fall Protection Permits                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Confined Space Entry Signs Posted                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Excavation Permits                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Lifting/Rigging Permits                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Demolition-Engineering Survey                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Pre-Lift Permit  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |
| Lock Out/Tag Out Permits                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                     |

**CONSTRUCTION SAFETY INSPECTION CHECKLIST**

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**Jobsite General**

- a. Posters and safety signs/warnings posted?
- b. Safety meetings held periodically?
- c. First aid kit available and adequately stocked?
- d. Emergency telephone numbers posted?
- e. Traffic routes identified?
- f. Certified person available to administer first aid?
- g. Are emergency rescue plans established and available?

**Housekeeping and Sanitation**

- a. General neatness of work area(s)?
- b. Passageways and walkways clear?
- c. Adequate lighting?
- d. Sanitary facilities adequate and clean?
- e. Eye flushing facilities available?
- f. Emergency showers available?

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**Hazard Communication**

- a. MSDS's on file and available?
- b. Material properly stored and labeled?
- c. Labels on containers and legible?

**Fire Prevention**

- a. Adequate number and type of fire extinguisher(s) available?
- b. Fire extinguisher inspections completed and documented?
- c. Phone number of fire department posted?
- d. Are flammable liquids properly stored?
- e. Fire alarm available and/or fire evacuations plan established?
- f. "No Smoking" signs posted and enforced?
- g. Hydrants clear, access to public thoroughfare open?

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**Flammable Liquids/Flammable Materials**

- a. Only approved containers used?
- b. Cylinders stored/secured in upright position, chained?
- c. Flammables cabinet being used where applicable?
- d. Flammables kept away from acids/bases?
- e. Flammable waste can used where waste is generated?

**Electrical**

- a. Electrical equipment properly maintained?
- b. Equipment properly grounded?
- c. GFCI used and tested where required?
- d. Electrical dangers posted?
- e. Are terminal boxes equipped with required covers (cover used)?
- f. Are circuits labeled in terminal boxes?
- g. Are all power and extension cords in good condition?

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**Personal Protective Equipment**

- a. Is PPE being used?
- b. Have employees been trained in the use of PPE?
- c. Adequate fall protection?
- d. Eye/face protection being used where needed?
- e. Hearing protection?
- f. Respirators and masks?
- g. Head protection?
- h. Hand and foot protection?

**Hand and Power Tools**

- a. Proper tool used for the job?
- b. Handles free of cracks and attached to tool properly?
- c. Inspections and proper maintenance done prior to use?
- d. Tools grounded properly?
- e. Guards in place and used correctly?
- f. Damaged or malfunctioning tools tagged out until repaired or replaced?

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**Ladders**

- a. Ladders inspected and in good condition?
- b. Ladders used properly for type of exposure?
- c. Ladders secured to prevent slipping, sliding, or falling?
- d. Do siderails extend 36" above top of landing?
- e. Do fixed ladders in excess of 20 feet have fall protection?

**Handling and Storage of Materials**

- a. Materials properly stored or stacked?
- b. Are passageways clear?
- c. Materials protected from weather?
- d. Is dust protection used?
- e. Has the minimum safe load of the floor been posted?

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**Barricades**

- a. Floor openings planked over or barricaded?
- b. Roadways and sidewalks protected?
- c. Adequate lighting provided?
- d. Barricades or covers installed (shafts, wall openings, stairways, stairwells, trenches, outriggers, etc.)?

**Work Permits**

- a. Safe work permit procedures followed?
- b. "Hot Work" permit procedures followed?
- c. Excavation permit procedures followed?
- d. Control of hazardous energy (Lock Out Tag Out) procedures?
- e. Confined space entry permit procedures followed?

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**Construction Area--Secured Access After Hours**

- a. Warning signs in place?
- b. Ladders lowered?
- c. Hazard lights utilized?
- d. Equipment secured?