

PRE-JOB SAFETY WALKDOWN

Use caution when conducting pre-job site inspection. Watch where you are walking and stop when taking notes, to prevent an accident. Hazards that are not listed on this form can be placed at the bottom or on a separate sheet. Please attach any additional sheets to this form when necessary. Area maps may be attached to assist in the location of the potential hazards.

Attach an attendance roster to this form when site inspection is completed.

***Do Not Drive Off Established Roads!**

Date Inspection Conducted:	Area Location:	Waste Site ID #:
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Describe the PPE that will be required to access the site:

Applicable Yes or No	Description of Potential Hazard
<input type="checkbox"/> Yes <input type="checkbox"/> No	Reference documents that may be used to determine potential chemicals or materials that could be found at this site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Animals, snakes, rodents, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	List potential bulk material/chemicals, such as coal, lead, etc. when observed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Structures – stable, unstable; how many structures; concrete slabs
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe area for vehicle parking
<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical hazards – overhead power lines, junction boxes, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roads – gravel, paved, dirt, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Topography/Vegetation – describe

<input type="checkbox"/> Yes <input type="checkbox"/> No	Soil staining – describe color
<input type="checkbox"/> Yes <input type="checkbox"/> No	Confined areas/spaces
<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe the types of waste, such as lumber, metal, brick, cans, wall board, etc. found at the site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Compressed gas cylinders: color, description, size, markings visible
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fencing or fencing material; standing or not
<input type="checkbox"/> Yes <input type="checkbox"/> No	Tools/equipment that may be required to obtain samples
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pressurized systems
<input type="checkbox"/> Yes <input type="checkbox"/> No	Excavations
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire prevention and protection needed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ventilation needed
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	