

Steingass Mechanical Contracting, Inc.
Inspection Checklist

Job Name: _____ Job Number: _____

Jobsite Location: _____

Jobsite Superintendent: _____ Date: _____ Time: _____

Column:

Adequate

Corrected

Non/Applicable

Adequate Corrected N/A

PLEASE CHECK APPROPRIATE COLUMN

1. All required documents are posted or available on the jobsite.			
2. Jobsite is clean and debris properly disposed of daily.			
3. Ground fault protection adequately provided.			
4. All extension cords inspected.			
5. Hand and Power tools and cords inspected.			
6. All equipment in good working order.			
7. All ladders on the jobsite inspected and in good condition.			
8. All ladders in use extended at least 3 ft. above landing and tied off.			
9. Guardrails, midrails and toeboards are in place on scaffolding.			
10. The scaffolding planking is in good condition and the scaffold is fully planked.			
11. The scaffolding is properly erected with all components in place.			
12. Floor and roof openings properly protected.			
13. Roadways and sidewalks effectively protected.			
14. Site has adequate lighting.			
15. All excavations 5 ft. or deeper protected by shoring, sloping, benching, trench box or other approved system.			

16. Safe access provided for trenches over 4 ft. deep.			
17. Name of competent person on excavation: _____ Name: _____ Title: _____			
18. All containers clearly identified and components of the Hazard Communication Program are in place.			
19. Proper types and numbers of fire extinguishers available.			
20. Approved safety containers used for flammable liquids.			
21. All personal protective equipment has been provided and is being used when required.			
22. Eye protection/face shields are being used when required.			
23. Hearing protection is being used when required.			
24. Respirators and masks are being used when required.			
25. Head protection is being used when required.			
26. Approved fall protection is being used for all employees over 6 ft. above lower level.			
27. Fall protection in place for steel erection occurring in excess of 25 ft.			
28. Roof fall protection in place.			
29. Compressed gas cylinders being used and stored properly.			
30. Lifts being used properly with approved fall protection.			
31. Mobile equipment in good condition with operable warning devices.			
32. Elements of the Bloodborne Pathogens have been inspected.			
33. Elements of the Lockout/Tagout Program have been inspected.			
34. OTHER (please give details) _____ _____ _____			
Corrective Actions Taken: _____ _____			