



## Job Site Inspection Form

(INSTRUCTIONS: All boxes are to be checked for response, Click to initiate a check mark if N/A or discrepancies leave blank and fill in)

This form is for a Supervisor to inspect and ensure that a job site is safe for county workers.

### Department Information:

Dept. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am ☐ pm ☐

Location: Auto-font 50 characters max

### Job Site Information: Auto-font below in recommendations 120 characters max

1. Have all utilities been located? ☐ Yes ☐ No

Recommendations:

2. Is Personal Protective Equipment being utilized? Yes ☐ No ☐

Recommendations:

3. Are utility flagging stations properly set up? Yes ☐ No ☐

Recommendations:

4. Are employees trained to operate equipment at site? Yes ☐ No ☐

Recommendations:

5. Are proper procedures taken for trenching and shoring? Yes ☐ No ☐

Recommendations:

6. Does equipment or machinery have proper safe guards? Yes ☐ No ☐

Recommendations:

7. Other safety risks found? Yes ☐ No ☐

Recommendations:

Additional Comments:

Job Site Supervisors: \_\_\_\_\_

Safety Officer: \_\_\_\_\_

*Please attach any additional pictures, diagrams, and/or statements.  
Submit Form to the Office of Risk & Safety.*