



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.*