



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Direct</b>	Date: <b>5/12/15</b>
Shift: <b>3rd</b>	Team: <b>A</b>
Observer: <b>Nathan Andrews</b>	

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	●	○		Use of Tools/Condition	●	○
	Hearing Protection	●	○		Hoist Operator/Condition	●	○
	Safety Shoes	●	○		Guards	●	○
	Head	●	○		Alarms and Warnings	●	○
	Gloves/Sleeves	●	○				
	Respirator	●	○	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	●	○		Signs	●	○
					Fire Extinguisher/Hose	●	○
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.	●	○
	Clutter	○	●				
	Aisles/Stairs	●	○	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	●	○		Lockout/Tagout	●	○
	Walking and Working Surface	●	○		Standard Op. Procedure	●	○
	Spills and Leaks	●	○		Special permit	●	○
	Waste Disposal	○	●				
	Protrusion Hazard	●	○	8.0	<b>FORKLIFT USE</b>		
					Visibility	●	○
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	●	○
	Straining	●	○		Seat Belt	●	○
	Lifting	●	○		Horn	●	○
	Line of Fire	●	○		Lights/Beeper	●	○
	Pinch Points	●	○		Capacity/Load Pos	●	○
	Use of Handrail	●	○		Speed	●	○
	Ergonomics	●	○				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>				<b>lighting</b>	○	●
	Stacking	●	○			○	○
	Labels	●	○			○	○
	Hazardous Waste	●	○			○	○
						○	○
						○	○

Overall Safety      Poor      ①      ②      ③      ④      ⑤      ⑥      ⑦      ⑧      ⑨      Excellent

Comments: **Waste was not properly disposed of which caused an unsafe level of clutter. Lighting was not adequate.**



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Direct</b>	Date: <b>6/19/15</b>
Shift: <b>1st</b>	Team: <b>B</b>
Observer: <b>James Harvey</b>	

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	●	○		Use of Tools/Condition	●	○
	Hearing Protection	●	○		Hoist Operator/Condition	●	○
	Safety Shoes	●	○		Guards	●	○
	Head	●	○		Alarms and Warnings	●	○
	Gloves/Sleeves	●	○				
	Respirator	●	○	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	●	○		Signs	●	○
2.0	<b>HOUSEKEEPING</b>				Fire Extinguisher/Hose	●	○
	Clutter	●	○		Emergency Equip.	●	○
	Aisles/Stairs	●	○	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	●	○		Lockout/Tagout	●	○
	Walking and Working Surface	●	○		Standard Op. Procedure	●	○
	Spills and Leaks	●	○		Special permit	●	○
	Waste Disposal	●	○	8.0	<b>FORKLIFT USE</b>		
	Protrusion Hazard	●	○		Visibility	●	○
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	●	○
	Straining	●	○		Seat Belt	●	○
	Lifting	●	○		Horn	●	○
	Line of Fire	●	○		Lights/Beeper	●	○
	Pinch Points	●	○		Capacity/Load Pos	●	○
	Use of Handrail	●	○		Speed	●	○
	Ergonomics	●	○	9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>				<b>Pace</b>	●	○
	Stacking	●	○			○	○
	Labels	●	○			○	○
	Hazardous Waste	●	○			○	○
						○	○
						○	○

Overall Safety      Poor      ①      ②      ③      ④      ⑤      ⑥      ⑦      ⑧      ●      Excellent

Comments:

Great Pace Today!



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Routine</b>		Date: <b>6/21/15</b>
Shift: <b>third</b>	Team: <b>D</b>	Observer: <b>Rachel Miller</b>

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	<input type="radio"/>	<input checked="" type="radio"/>		Use of Tools/Condition	<input checked="" type="radio"/>	<input type="radio"/>
	Hearing Protection	<input type="radio"/>	<input checked="" type="radio"/>		Hoist Operator/Condition	<input checked="" type="radio"/>	<input type="radio"/>
	Safety Shoes	<input checked="" type="radio"/>	<input type="radio"/>		Guards	<input checked="" type="radio"/>	<input type="radio"/>
	Head	<input checked="" type="radio"/>	<input type="radio"/>		Alarms and Warnings	<input checked="" type="radio"/>	<input type="radio"/>
	Gloves/Sleeves	<input checked="" type="radio"/>	<input type="radio"/>				
	Respirator	<input type="radio"/>	<input checked="" type="radio"/>	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	<input checked="" type="radio"/>	<input type="radio"/>		Signs	<input checked="" type="radio"/>	<input type="radio"/>
2.0	<b>HOUSEKEEPING</b>				Fire Extinguisher/Hose	<input checked="" type="radio"/>	<input type="radio"/>
	Clutter	<input checked="" type="radio"/>	<input type="radio"/>		Emergency Equip.	<input checked="" type="radio"/>	<input type="radio"/>
	Aisles/Stairs	<input checked="" type="radio"/>	<input type="radio"/>	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	<input checked="" type="radio"/>	<input type="radio"/>		Lockout/Tagout	<input checked="" type="radio"/>	<input type="radio"/>
	Walking and Working Surface	<input checked="" type="radio"/>	<input type="radio"/>		Standard Op. Procedure	<input checked="" type="radio"/>	<input type="radio"/>
	Spills and Leaks	<input checked="" type="radio"/>	<input type="radio"/>		Special permit	<input checked="" type="radio"/>	<input type="radio"/>
	Waste Disposal	<input checked="" type="radio"/>	<input type="radio"/>	8.0	<b>FORKLIFT USE</b>		
	Protrusion Hazard	<input checked="" type="radio"/>	<input type="radio"/>		Visibility	<input checked="" type="radio"/>	<input type="radio"/>
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	<input checked="" type="radio"/>	<input type="radio"/>
	Straining	<input checked="" type="radio"/>	<input type="radio"/>		Seat Belt	<input checked="" type="radio"/>	<input type="radio"/>
	Lifting	<input checked="" type="radio"/>	<input type="radio"/>		Horn	<input checked="" type="radio"/>	<input type="radio"/>
	Line of Fire	<input checked="" type="radio"/>	<input type="radio"/>		Lights/Beeper	<input checked="" type="radio"/>	<input type="radio"/>
	Pinch Points	<input checked="" type="radio"/>	<input type="radio"/>		Capacity/Load Pos	<input checked="" type="radio"/>	<input type="radio"/>
	Use of Handrail	<input checked="" type="radio"/>	<input type="radio"/>		Speed	<input checked="" type="radio"/>	<input type="radio"/>
	Ergonomics	<input checked="" type="radio"/>	<input type="radio"/>				
4.0	<b>STORAGE</b>			9.0	<b>ANY ADD. BEHAVIOR</b>		
	Stacking	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Labels	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Hazardous Waste	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

Overall Safety      Poor      ①      ②      ③      ④      ⑤      ●      ⑦      ⑧      ⑨      Excellent

Comments: **Personal protective equipment requirements are not being followed properly.**



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Routine</b>		Date: <b>8/11/15</b>
Shift: <b>2nd</b>	Team: <b>A</b>	Observer: <b>Jane Campbell</b>

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Use of Tools/Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hoist Operator/Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Safety Shoes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Alarms and Warnings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gloves/Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					Fire Extinguisher/Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Aisles/Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Lockout/Tagout	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Walking and Working Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Standard Op. Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Spills and Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Special permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Waste Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Protrusion Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.0	<b>FORKLIFT USE</b>		
					Visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Straining	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Seat Belt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Line of Fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Lights/Beeper	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Pinch Points	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Capacity/Load Pos	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Use of Handrail	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Speed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ergonomics	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>					<input type="checkbox"/>	<input type="checkbox"/>
	Stacking	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Hazardous Waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Overall Safety

Poor

①

②

③

④

⑤

⑥

⑦

⑧



Excellent

Comments:



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Direct</b>	Date: <b>8/20/15</b>
Shift: <b>2nd</b>	Team: <b>C</b>
Observer: <b>Andrew McGuire</b>	

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	<input checked="" type="radio"/>	<input type="radio"/>		Use of Tools/Condition	<input checked="" type="radio"/>	<input type="radio"/>
	Hearing Protection	<input checked="" type="radio"/>	<input type="radio"/>		Hoist Operator/Condition	<input checked="" type="radio"/>	<input type="radio"/>
	Safety Shoes	<input checked="" type="radio"/>	<input type="radio"/>		Guards	<input checked="" type="radio"/>	<input type="radio"/>
	Head	<input checked="" type="radio"/>	<input type="radio"/>		Alarms and Warnings	<input checked="" type="radio"/>	<input type="radio"/>
	Gloves/Sleeves	<input checked="" type="radio"/>	<input type="radio"/>				
	Respirator	<input checked="" type="radio"/>	<input type="radio"/>	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	<input checked="" type="radio"/>	<input type="radio"/>		Signs	<input checked="" type="radio"/>	<input type="radio"/>
					Fire Extinguisher/Hose	<input checked="" type="radio"/>	<input type="radio"/>
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.	<input checked="" type="radio"/>	<input type="radio"/>
	Clutter	<input checked="" type="radio"/>	<input type="radio"/>				
	Aisles/Stairs	<input checked="" type="radio"/>	<input type="radio"/>	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	<input checked="" type="radio"/>	<input type="radio"/>		Lockout/Tagout	<input checked="" type="radio"/>	<input type="radio"/>
	Walking and Working Surface	<input checked="" type="radio"/>	<input type="radio"/>		Standard Op. Procedure	<input checked="" type="radio"/>	<input type="radio"/>
	Spills and Leaks	<input checked="" type="radio"/>	<input type="radio"/>		Special permit	<input checked="" type="radio"/>	<input type="radio"/>
	Waste Disposal	<input checked="" type="radio"/>	<input type="radio"/>				
	Protrusion Hazard	<input checked="" type="radio"/>	<input type="radio"/>	8.0	<b>FORKLIFT USE</b>		
					Visibility	<input checked="" type="radio"/>	<input type="radio"/>
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	<input checked="" type="radio"/>	<input type="radio"/>
	Straining	<input checked="" type="radio"/>	<input type="radio"/>		Seat Belt	<input checked="" type="radio"/>	<input type="radio"/>
	Lifting	<input checked="" type="radio"/>	<input type="radio"/>		Horn	<input checked="" type="radio"/>	<input type="radio"/>
	Line of Fire	<input type="radio"/>	<input checked="" type="radio"/>		Lights/Beeper	<input checked="" type="radio"/>	<input type="radio"/>
	Pinch Points	<input type="radio"/>	<input checked="" type="radio"/>		Capacity/Load Pos	<input checked="" type="radio"/>	<input type="radio"/>
	Use of Handrail	<input checked="" type="radio"/>	<input type="radio"/>		Speed	<input checked="" type="radio"/>	<input type="radio"/>
	Ergonomics	<input checked="" type="radio"/>	<input type="radio"/>				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>					<input type="radio"/>	<input type="radio"/>
	Stacking	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Labels	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Hazardous Waste	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

Overall Safety      Poor      (0)      (1)      (2)      (3)      (4)      (5)      (6)      (7)      (8)      (9)      Excellent

Comments:



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Direct</b>	Date: <b>9/8/15</b>
Shift: <b>3rd</b>	Team: <b>A</b>
Observer: <b>Nathan Andrews</b>	

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Use of Tools/Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hoist Operator/Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Safety Shoes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Alarms and Warnings	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gloves/Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					Fire Extinguisher/Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Aisles/Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Lockout/Tagout	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Walking and Working Surface	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Standard Op. Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Spills and Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Special permit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Waste Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Protrusion Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.0	<b>FORKLIFT USE</b>		
					Visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Straining	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Seat Belt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Lifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Line of Fire	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Lights/Beeper	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Pinch Points	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Capacity/Load Pos	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Use of Handrail	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Speed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Ergonomics	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>					<input type="checkbox"/>	<input type="checkbox"/>
	Stacking	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	Hazardous Waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Overall Safety      Poor    ①    ②    ③    ④    ⑤    ⑥    ⑦    ⑧    Excellent

Comments: **employees should be wearing seatbelt at all times when operating forklift, was not warn majority of work day.**



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Routine</b>		Date: <b>10/20/15</b>
Shift: <b>1st</b>	Team: <b>C</b>	Observer: <b>Jane Campbell</b>

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection		<input type="radio"/>		Use of Tools/Condition		<input type="radio"/>
	Hearing Protection		<input type="radio"/>		Hoist Operator/Condition		<input type="radio"/>
	Safety Shoes		<input type="radio"/>		Guards		<input type="radio"/>
	Head		<input type="radio"/>		Alarms and Warnings		<input type="radio"/>
	Gloves/Sleeves		<input type="radio"/>				
	Respirator		<input type="radio"/>	6.0	<b>FIRE AND SAFETY</b>		
	Clothing		<input type="radio"/>		Signs		<input type="radio"/>
					Fire Extinguisher/Hose		<input type="radio"/>
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.		<input type="radio"/>
	Clutter		<input type="radio"/>				
	Aisles/Stairs		<input type="radio"/>	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits		<input type="radio"/>		Lockout/Tagout		<input type="radio"/>
	Walking and Working Surface		<input type="radio"/>		Standard Op. Procedure		<input type="radio"/>
	Spills and Leaks		<input type="radio"/>		Special permit		<input type="radio"/>
	Waste Disposal		<input type="radio"/>				
	Protrusion Hazard		<input type="radio"/>	8.0	<b>FORKLIFT USE</b>		
					Visibility		<input type="radio"/>
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit		<input type="radio"/>
	Straining		<input type="radio"/>		Seat Belt		<input type="radio"/>
	Lifting		<input type="radio"/>		Horn		<input type="radio"/>
	Line of Fire		<input type="radio"/>		Lights/Beeper		<input type="radio"/>
	Pinch Points		<input type="radio"/>		Capacity/Load Pos		<input type="radio"/>
	Use of Handrail		<input type="radio"/>		Speed		<input type="radio"/>
	Ergonomics		<input type="radio"/>				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>					<input type="radio"/>	<input type="radio"/>
	Stacking		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Labels		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Hazardous Waste		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

Overall Safety

Poor

①

②

③

④

⑤

⑥

⑦

⑧



Excellent

Comments:



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Direct</b>	Date: <b>10/23/15</b>
Shift: <b>3rd</b>	Team: <b>B</b>
Observer: <b>James Harvey</b>	

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	<input checked="" type="radio"/>	<input type="radio"/>		Use of Tools/Condition	<input checked="" type="radio"/>	<input type="radio"/>
	Hearing Protection	<input checked="" type="radio"/>	<input type="radio"/>		Hoist Operator/Condition	<input checked="" type="radio"/>	<input type="radio"/>
	Safety Shoes	<input checked="" type="radio"/>	<input type="radio"/>		Guards	<input checked="" type="radio"/>	<input type="radio"/>
	Head	<input checked="" type="radio"/>	<input type="radio"/>		Alarms and Warnings	<input checked="" type="radio"/>	<input type="radio"/>
	Gloves/Sleeves	<input checked="" type="radio"/>	<input type="radio"/>				
	Respirator	<input checked="" type="radio"/>	<input type="radio"/>	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	<input checked="" type="radio"/>	<input type="radio"/>		Signs	<input checked="" type="radio"/>	<input type="radio"/>
					Fire Extinguisher/Hose	<input checked="" type="radio"/>	<input type="radio"/>
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.	<input checked="" type="radio"/>	<input type="radio"/>
	Clutter	<input checked="" type="radio"/>	<input type="radio"/>				
	Aisles/Stairs	<input checked="" type="radio"/>	<input type="radio"/>	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	<input checked="" type="radio"/>	<input type="radio"/>		Lockout/Tagout	<input checked="" type="radio"/>	<input type="radio"/>
	Walking and Working Surface	<input checked="" type="radio"/>	<input type="radio"/>		Standard Op. Procedure	<input checked="" type="radio"/>	<input type="radio"/>
	Spills and Leaks	<input type="radio"/>	<input checked="" type="radio"/>		Special permit	<input checked="" type="radio"/>	<input type="radio"/>
	Waste Disposal	<input checked="" type="radio"/>	<input type="radio"/>				
	Protrusion Hazard	<input checked="" type="radio"/>	<input type="radio"/>	8.0	<b>FORKLIFT USE</b>		
					Visibility	<input checked="" type="radio"/>	<input type="radio"/>
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	<input checked="" type="radio"/>	<input type="radio"/>
	Straining	<input checked="" type="radio"/>	<input type="radio"/>		Seat Belt	<input checked="" type="radio"/>	<input type="radio"/>
	Lifting	<input checked="" type="radio"/>	<input type="radio"/>		Horn	<input checked="" type="radio"/>	<input type="radio"/>
	Line of Fire	<input checked="" type="radio"/>	<input type="radio"/>		Lights/Beeper	<input checked="" type="radio"/>	<input type="radio"/>
	Pinch Points	<input checked="" type="radio"/>	<input type="radio"/>		Capacity/Load Pos	<input checked="" type="radio"/>	<input type="radio"/>
	Use of Handrail	<input checked="" type="radio"/>	<input type="radio"/>		Speed	<input checked="" type="radio"/>	<input type="radio"/>
	Ergonomics	<input checked="" type="radio"/>	<input type="radio"/>				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>					<input type="radio"/>	<input type="radio"/>
	Stacking	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Labels	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Hazardous Waste	<input checked="" type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

Overall Safety

Poor

0

1

2

3

4

5

6

7



9

Excellent

Comments:

chemicals were spilled and not immediately cleaned



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>ROUTINE</b>	Date: <b>11/5/15</b>
Shift: <b>2nd</b>	Team: <b>C</b>
Observer: <b>Rachel Miller</b>	

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection	●	○		Use of Tools/Condition	●	○
	Hearing Protection	●	○		Hoist Operator/Condition	●	○
	Safety Shoes	●	○		Guards	●	○
	Head	●	○		Alarms and Warnings	●	○
	Gloves/Sleeves	●	○				
	Respirator	●	○	6.0	<b>FIRE AND SAFETY</b>		
	Clothing	●	○		Signs	●	○
					Fire Extinguisher/Hose	●	○
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.	●	○
	Clutter	●	○				
	Aisles/Stairs	●	○	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits	●	○		Lockout/Tagout	○	●
	Walking and Working Surface	●	○		Standard Op. Procedure	●	○
	Spills and Leaks	●	○		Special permit	●	○
	Waste Disposal	●	○				
	Protrusion Hazard	●	○	8.0	<b>FORKLIFT USE</b>		
					Visibility	●	○
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit	●	○
	Straining	●	○		Seat Belt	●	○
	Lifting	●	○		Horn	●	○
	Line of Fire	○	●		Lights/Beeper	●	○
	Pinch Points	○	●		Capacity/Load Pos	●	○
	Use of Handrail	○	●		Speed	●	○
	Ergonomics	●	○				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>					○	○
	Stacking	●	○			○	○
	Labels	●	○			○	○
	Hazardous Waste	●	○			○	○
						○	○
						○	○

Overall Safety      Poor      ①      ②      ③      ④      ●      ⑥      ⑦      ⑧      ⑨      Excellent

Comments:



# DEPARTMENT OF TRANSIT

## Safety Inspection Form



Observation Type: <b>Direct</b>		Date: <b>11/28/15</b>
Shift: <b>2nd</b>	Team: <b>C</b>	Observer: <b>Nathan Andrews</b>

		Safe	Unsafe			Safe	Unsafe
1.0	<b>PERSONAL PROT. EQUIP.</b>			5.0	<b>TOOLS AND EQUIPMENT</b>		
	Eye/Face Protection		<input type="radio"/>		Use of Tools/Condition		<input type="radio"/>
	Hearing Protection		<input type="radio"/>		Hoist Operator/Condition		<input type="radio"/>
	Safety Shoes		<input type="radio"/>		Guards		<input type="radio"/>
	Head		<input type="radio"/>		Alarms and Warnings		<input type="radio"/>
	Gloves/Sleeves		<input type="radio"/>				
	Respirator		<input type="radio"/>	6.0	<b>FIRE AND SAFETY</b>		
	Clothing		<input type="radio"/>		Signs		<input type="radio"/>
					Fire Extinguisher/Hose		<input type="radio"/>
2.0	<b>HOUSEKEEPING</b>				Emergency Equip.		<input type="radio"/>
	Clutter		<input type="radio"/>				
	Aisles/Stairs		<input type="radio"/>	7.0	<b>POLICY AND PROCEDURE</b>		
	Exits		<input type="radio"/>		Lockout/Tagout		<input type="radio"/>
	Walking and Working Surface		<input type="radio"/>		Standard Op. Procedure		<input type="radio"/>
	Spills and Leaks		<input type="radio"/>		Special permit		<input type="radio"/>
	Waste Disposal		<input type="radio"/>				
	Protrusion Hazard		<input type="radio"/>	8.0	<b>FORKLIFT USE</b>		
					Visibility		<input type="radio"/>
3.0	<b>BODY USE AND MOVEMENT</b>				3 Point Entry/Exit		<input type="radio"/>
	Straining		<input type="radio"/>		Seat Belt		<input type="radio"/>
	Lifting		<input type="radio"/>		Horn		<input type="radio"/>
	Line of Fire		<input type="radio"/>		Lights/Beeper		<input type="radio"/>
	Pinch Points		<input type="radio"/>		Capacity/Load Pos		<input type="radio"/>
	Use of Handrail		<input type="radio"/>		Speed		<input type="radio"/>
	Ergonomics		<input type="radio"/>				
				9.0	<b>ANY ADD. BEHAVIOR</b>		
4.0	<b>STORAGE</b>					<input type="radio"/>	<input type="radio"/>
	Stacking		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Labels		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
	Hazardous Waste		<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

Overall Safety      Poor      (0)      (1)      (2)      (3)      (4)      (5)      (6)      (7)      (8)           Excellent

Comments: