



DEPARTMENT OF TRANSIT

Safety Inspection Form



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

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	Eye/Face Protection	●	○		Use of Tools/Condition	●	○
	Hearing Protection	●	○		Hoist Operator/Condition	●	○
	Safety Shoes	●	○		Guards	●	○
	Head	●	○		Alarms and Warnings	●	○
	Gloves/Sleeves	●	○				
	Respirator	●	○	6.0	FIRE AND SAFETY		
	Clothing	●	○		Signs	●	○
2.0	HOUSEKEEPING				Fire Extinguisher/Hose	●	○
	Clutter	○	●		Emergency Equip.	●	○
	Aisles/Stairs	●	○	7.0	POLICY AND PROCEDURE		
	Exits	●	○		Lockout/Tagout	●	○
	Walking and Working Surface	●	○		Standard Op. Procedure	●	○
	Spills and Leaks	●	○		Special permit	●	○
	Waste Disposal	○	●	8.0	FORKLIFT USE		
	Protrusion Hazard	●	○		Visibility	●	○
3.0	BODY USE AND MOVEMENT				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	ANY ADD. BEHAVIOR		
4.0	STORAGE				lighting	○	●
	Stacking	●	○			○	○
	Labels	●	○			○	○
	Hazardous Waste	●	○			○	○
						○	○
						○	○

Overall Safety Poor ○ ① ② ③ ④ ⑤ ⑥ ⑦ ● ⑧ 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: Direct	Date: 6/19/15
Shift: 1st	Team: B
	Observer: James Harvey

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="radio"/>	<input type="radio"/>		Signs	<input checked="" type="radio"/>	<input type="radio"/>
2.0	HOUSEKEEPING				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	POLICY AND PROCEDURE		
	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	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="radio"/>	<input type="radio"/>		Visibility	<input checked="" type="radio"/>	<input type="radio"/>
3.0	BODY USE AND MOVEMENT				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	ANY ADD. BEHAVIOR		
4.0	STORAGE				Pace	<input checked="" 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) Excellent

Comments:

Great Pace Today!



DEPARTMENT OF TRANSIT

Safety Inspection Form



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

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	Eye/Face Protection	○	⊗		Use of Tools/Condition	⊗	○
	Hearing Protection	○	⊗		Hoist Operator/Condition	⊗	○
	Safety Shoes	⊗	○		Guards	⊗	○
	Head	⊗	○		Alarms and Warnings	⊗	○
	Gloves/Sleeves	⊗	○				
	Respirator	○	⊗	6.0	FIRE AND SAFETY		
	Clothing	⊗	○		Signs	⊗	○
2.0	HOUSEKEEPING				Fire Extinguisher/Hose	⊗	○
	Clutter	⊗	○		Emergency Equip.	⊗	○
	Aisles/Stairs	⊗	○	7.0	POLICY AND PROCEDURE		
	Exits	⊗	○		Lockout/Tagout	⊗	○
	Walking and Working Surface	⊗	○		Standard Op. Procedure	⊗	○
	Spills and Leaks	⊗	○		Special permit	⊗	○
	Waste Disposal	⊗	○	8.0	FORKLIFT USE		
	Protrusion Hazard	⊗	○		Visibility	⊗	○
3.0	BODY USE AND MOVEMENT				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	ANY ADD. BEHAVIOR		
4.0	STORAGE					○	○
	Stacking	⊗	○			○	○
	Labels	⊗	○			○	○
	Hazardous Waste	⊗	○			○	○
						○	○
						○	○

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: ROUTINE	Date: 8/11/15
Shift: 2nd	Team: A
Observer: Jane Campbell	

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.0	HOUSEKEEPING				Fire Extinguisher/Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Emergency Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aisles/Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.0	POLICY AND PROCEDURE		
	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"/>	8.0	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.0	BODY USE AND MOVEMENT				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	ANY ADD. BEHAVIOR		
4.0	STORAGE					<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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Comments:



DEPARTMENT OF TRANSIT

Safety Inspection Form



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

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="radio"/>	<input type="radio"/>		Signs	<input checked="" type="radio"/>	<input type="radio"/>
2.0	HOUSEKEEPING				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	POLICY AND PROCEDURE		
	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	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="radio"/>	<input type="radio"/>		Visibility	<input checked="" type="radio"/>	<input type="radio"/>
3.0	BODY USE AND MOVEMENT				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	ANY ADD. BEHAVIOR		
4.0	STORAGE					<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:



DEPARTMENT OF TRANSIT

Safety Inspection Form



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

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.0	HOUSEKEEPING				Fire Extinguisher/Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Emergency Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aisles/Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.0	POLICY AND PROCEDURE		
	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"/>	8.0	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.0	BODY USE AND MOVEMENT				3 Point Entry/Exit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Straining	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Seat Belt	<input type="checkbox"/>	<input checked="" 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"/>				
4.0	STORAGE			9.0	ANY ADD. BEHAVIOR		
	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 ⑨ 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: Routine	Date: 10/20/15
Shift: 1st	Team: C
	Observer: Jane Campbell

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.0	HOUSEKEEPING				Fire Extinguisher/Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Emergency Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aisles/Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.0	POLICY AND PROCEDURE		
	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"/>	8.0	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.0	BODY USE AND MOVEMENT				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	ANY ADD. BEHAVIOR		
4.0	STORAGE					<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 (0) (1) (2) (3) (4) (5) (6) (7) (8) Excellent

Comments:



DEPARTMENT OF TRANSIT

Safety Inspection Form



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

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="radio"/>	<input type="radio"/>		Signs	<input checked="" type="radio"/>	<input type="radio"/>
2.0	HOUSEKEEPING				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	POLICY AND PROCEDURE		
	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"/>	8.0	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="radio"/>	<input type="radio"/>		Visibility	<input checked="" type="radio"/>	<input type="radio"/>
3.0	BODY USE AND MOVEMENT				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	ANY ADD. BEHAVIOR		
4.0	STORAGE					<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 ① ② ③ ④ ⑤ ⑥ ⑦ ● ⑧ ⑨ Excellent

Comments: **chemicals were spilled and not immediately cleaned**



DEPARTMENT OF TRANSIT

Safety Inspection Form



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

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="radio"/>	<input type="radio"/>		Signs	<input checked="" type="radio"/>	<input type="radio"/>
2.0	HOUSEKEEPING				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	POLICY AND PROCEDURE		
	Exits	<input checked="" type="radio"/>	<input type="radio"/>		Lockout/Tagout	<input type="radio"/>	<input checked="" 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	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="radio"/>	<input type="radio"/>		Visibility	<input checked="" type="radio"/>	<input type="radio"/>
3.0	BODY USE AND MOVEMENT				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 type="radio"/>	<input checked="" type="radio"/>		Speed	<input checked="" type="radio"/>	<input type="radio"/>
	Ergonomics	<input checked="" type="radio"/>	<input type="radio"/>	9.0	ANY ADD. BEHAVIOR		
4.0	STORAGE					<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"/>
						<input type="radio"/>	<input type="radio"/>

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

Comments:

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DEPARTMENT OF TRANSIT

Safety Inspection Form



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

		Safe	Unsafe			Safe	Unsafe
1.0	PERSONAL PROT. EQUIP.			5.0	TOOLS AND EQUIPMENT		
	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	FIRE AND SAFETY		
	Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.0	HOUSEKEEPING				Fire Extinguisher/Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Clutter	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Emergency Equip.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aisles/Stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.0	POLICY AND PROCEDURE		
	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"/>	8.0	FORKLIFT USE		
	Protrusion Hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.0	BODY USE AND MOVEMENT				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"/>				
4.0	STORAGE			9.0	ANY ADD. BEHAVIOR		
	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Comments: