NORTHWEST TERRITORIES POWER CORPORATION Empowering Communities	**Health & Safety Management System Form:** Worksite Visit	Page 1 of 2
	Monitor: Director, Health, Safety & Environment	Form #: 9.1

Worksite Details		
Location:	Date:	Time:
Person in charge:	Conducted by:	
Crew members:		
Description of work:		

Checklist

Instructions: Mark items with a "✓" if satisfactory or an "x" if unsatisfactory. Leave blank if not applicable.

General
- ☐ Job Safety Analysis complete
- ☐ Project Safety Plan on hand
- ☐ SWPs & SJPs on hand
- ☐ Traffic control adequate
- ☐ Vehicle/heavy equip inspection
- ☐ Work Protection in place

Emergency Preparedness
- ☐ Emergency contacts displayed
- ☐ Evacuation procedure in place
- ☐ Extinguisher checked monthly
- ☐ Eyewash checked monthly
- ☐ First aid kit checked monthly

Tailboard Meetings
- ☐ All steps/hazards/controls
- ☐ Held with all workers
- ☐ Revised when required
- ☐ Signed by all workers

Chemicals
- ☐ Clearly labelled
- ☐ Safety Data Sheet on hand
- ☐ Stored correctly

Hazard Identification
- ☐ Biological
- ☐ Chemical
- ☐ Energy
  - Electricity, pneumatic pressure, hydraulic pressure, steam, heat, stored energy, arc flash
- ☐ Environmental
- ☐ Ergonomic
- ☐ Manual handling
- ☐ Mechanical
- ☐ Physical
  - Moving equipment, noise, vibration, temperature extremes, work at heights, slip/trip hazards
- ☐ Psychological

PPE
- ☐ Correctly used
- ☐ In good condition, clean
- ☐ Inspected before use
- ☐ Readily available
- ☐ Recertified (where applicable)

Housekeeping
- ☐ Clean work area
- ☐ Materials neatly stored
- ☐ Organized work area
- ☐ Spills cleaned up
- ☐ Walkways, stairs clear

Electrical
- ☐ Cords good condition
- ☐ Plugs/switches good condition
- ☐ Power tools good condition
- ☐ Temporary wiring out of way

Lighting
- ☐ Adequate illumination
- ☐ Fixtures clean, good condition
- ☐ No direct or reflected glare

Tools & Equipment
- ☐ Communications suitable
- ☐ Log books completed
- ☐ Machine guarding in place
- ☐ Pre-start checks completed
- ☐ Tools/equip in good condition
- ☐ Tools/equip used properly

Comments

Corrective Actions

#	Action	Responsible Party	Due Date	Completed
1				
2				
3				
4				
5				
6				

Conducted by (signature):	Person in charge (signature):

Submit to Health & Safety Department by email or fax (1-888-458-4627).