



Gravic Bay Department of Transit

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Safety Inspection Form



Observation Type:		Date:	
Shift:	Team:	Observer:	

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

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

Comments:

This form is a sample form for use with **Remark Office OMR®**.

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