

SBI – MANAGEMENT HSE&F INSPECTION REPORT

Instruction:

1. During observation of the job site define which of the following elements are applicable for inspection.
2. Mark each applicable element as Good, Fair or Poor. The three tier rating system allows the team to use some judgement in ranking compliance.
3. All findings must be recorded on the Inspection Action Log (on the reverse of this sheet). Action Log information must be detailed in nature to ensure follow-up is complete.
4. It is the responsibility of the Inspection Team to identify an Accountable Person for action of all identified actions. The inspection team will communicate actions to the person assigned responsibility to correct.
5. The Accountable Person will correct all opportunities within the allowed time. Upon completion the Contractor Supervisor is to be contacted to complete the action on the Action Log.
6. Completed Checklists & Action Logs are to be forwarded to the Field Manager and then to the HSE&S Department for record keeping purposes.

NOTE: The Inspection Team is responsible to ensure that interim corrective actions are taken, where applicable. The intent is to ensure that personal injury / illness or damage to property, equipment or the environment are controlled prior to forwarding long term corrective actions to an accountable person.

Area: _____ **Date:** _____

Contractor: _____

inspection Criteria	Acceptable	Not Acceptable	Not Applicable
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection & Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Noise Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flammable & Combustible Liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding & Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Installations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Heaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material Storage & Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel Erection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation, Trenching & Shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Actuated Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cranes, Hoists & Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Prevention Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barricades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permits/safe work plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office, Lunch & Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SBI
CONTRACTOR ENVIRONMENTAL INSPECTION CHECKLIST

Area: _____ Date: _____

Contractor: _____

NO	ACTIVITY	Good	Fair	Poor	Not Applicable
A	WASTE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Containers – intact, sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Security – fence, locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Sufficient volume requiring disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Subcontractor storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Containers – capacity, volume, condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Segregation of waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Signs posted locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Collection by subcontractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	SOIL MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Effectiveness of sediment control in storm water ditches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Evidence of erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	WATER QUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Visual observation of water outfall(s) to runoff ditches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Integrity of the runoff ditches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Hydrotest procedures as per CECP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Groundwater monitoring wells intact and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	AIR QUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Dust conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Construction equipment operation (i.e. emissions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	General housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Spills or unexpected conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Materials storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Vehicle/equipment maintenance, hosing down and storage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Fuelling operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Lights placed to reduce stray light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

