

**Electric City, Inc.**  
Job Site Documentation

Project: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Documentation:

|  | YES | NO  | N/A |
|--|-----|-----|-----|
| 1. Accident Prevention Program Manual:                       | ___ | ___ | ___ |
| Fall Protection Work Plan Prepared and Reviewed:             | ___ | ___ | ___ |
| Employee/Sub-Contractor(s) Safety Orientation Conducted:     | ___ | ___ | ___ |
| Equipment Operator Training Provided and Documented:         | ___ | ___ | ___ |
| Job Hazard Analysis Document(s) Composed:                    | ___ | ___ | ___ |
| 2. Supervisory Personnel First-aid Training Certificate:     | ___ | ___ | ___ |
| 3. Emergency Telephone Numbers Displayed:                    | ___ | ___ | ___ |
| 4. Medical Facility Location(s) Determined and Displayed:    | ___ | ___ | ___ |
| 5. "Good Faith" Asbestos Survey Availability:                | ___ | ___ | ___ |
| 6. "Good Faith" Lead Survey Availability:                    | ___ | ___ | ___ |
| 7. Hazard Communication Program:                             | ___ | ___ | ___ |
| Product Inventory:   | ___ | ___ | ___ |
| Safety Data Sheets (SDS):                                    | ___ | ___ | ___ |
| Portable Container(s) Properly Labeled:                      | ___ | ___ | ___ |
| 8. Regulatory Agency Standards Manual Availability:          |     |     |     |
| Washington Department of Labor & Industries (WISHA/DOSH):    | ___ | ___ | ___ |
| 9. Safety/Employment Poster Displayed:                       | ___ | ___ | ___ |
| 10. OSHA 300 Log Displayed (one year job duration):          | ___ | ___ | ___ |
| 11. Storm Water Management Plan Established and Implemented: | ___ | ___ | ___ |

## Electric City, Inc. Job Site Safety Inspection

Project: \_\_\_\_\_  
\_\_\_\_\_

|   | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| <b>1. SAFETY &amp; SECURITY</b>                 |            |           |            |
| Fire Extinguisher(s):                           | _____      | _____     | _____      |
| Annual /Monthly Inspection:                     | _____      | _____     | _____      |
| First-aid Kits(s):                              | _____      | _____     | _____      |
| Adequate Drinking Water Supply:                 | _____      | _____     | _____      |
| Adequate Sanitary Facilities Available:         | _____      | _____     | _____      |
| Employee and Public Warning Signs/Barricades:   | _____      | _____     | _____      |
| <br><b>PERSONAL PROTECTION EQUIPMENT:</b>       |            |           |            |
| Hardhat:  | _____      | _____     | _____      |
| Safety Glasses/Faceshield/Goggles:              | _____      | _____     | _____      |
| Hearing Protective Devices:                     | _____      | _____     | _____      |
| Respiratory Protective Devices:                 | _____      | _____     | _____      |
| Suitable Footwear:                              | _____      | _____     | _____      |
| Suitable Clothing:                              | _____      | _____     | _____      |
| Highly-Visible Garment:                         | _____      | _____     | _____      |
| <br><b>2. POWER &amp; HAND TOOLS:</b>           |            |           |            |
| Properly Maintained:                            | _____      | _____     | _____      |
| Cord Condition:                                 | _____      | _____     | _____      |
| Properly Grounded                               | _____      | _____     | _____      |
| Properly Guarded:                               | _____      | _____     | _____      |
| <br><b>3. POWDER ACTUATED FASTENING DEVICES</b> |            |           |            |
| Qualified and Certified Operator(s):            | _____      | _____     | _____      |
| Condition:                                      | _____      | _____     | _____      |
| Properly Secured, When Not In Use:              | _____      | _____     | _____      |
| <br><b>4. ELECTRICAL EQUIPMENT:</b>             |            |           |            |
| Properly Inspected:                             | _____      | _____     | _____      |
| GFCI Protected:                                 | _____      | _____     | _____      |
| Properly Routed/Guarded                         | _____      | _____     | _____      |
| <br><b>5. INTERIOR ILLUMINATION</b>             |            |           |            |
| Task Area (10 Candle Power):                    | _____      | _____     | _____      |
| Non-Task Area (3 Candle Power):                 | _____      | _____     | _____      |

|   | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
|---|------------|-----------|------------|
| <b>6. FALL PROTECTION</b>                     |            |           |            |
| Written Work Plan Composed:                   | ___        | ___       | ___        |
| Employee Training:                            | ___        | ___       | ___        |
| Harness(es) & Lanyard(s):                     |            |           |            |
| Condition:                                    |            |           |            |
| Suitable Anchorage System Installed:          | ___        | ___       | ___        |
| Components Properly Installed/ Maintained:    | ___        | ___       | ___        |
| Warning Line Properly Erected/Maintained:     | ___        | ___       | ___        |
| Safety Monitoring System:                     |            |           |            |
| Qualified Individual(s):                      | ___        | ___       | ___        |
| Number of Employees Being Monitored:          | ___        | ___       | ___        |
| Scaffolding:                                  |            |           |            |
| Properly Erected:                             | ___        | ___       | ___        |
| Component Condition:                          | ___        | ___       | ___        |
| Equipped with Toeboards:                      | ___        | ___       | ___        |
| Equipped with Access Ladders:                 | ___        | ___       | ___        |
| Fully Planked/Decked Work Platform:           | ___        | ___       | ___        |
| Ladders:                                      |            |           |            |
| Condition:                                    | ___        | ___       | ___        |
| Properly Extended and Secured:                | ___        | ___       | ___        |
| Properly Utilized:                            | ___        | ___       | ___        |
| Aerial Lifts:                                 |            |           |            |
| Condition:                                    | ___        | ___       | ___        |
| Qualified and Certified Operators:            | ___        | ___       | ___        |
| Proper Battery Charging Procedures:           | ___        | ___       | ___        |
| Floor/Wall/Roof Opening Properly Guarded:     | ___        | ___       | ___        |
| Office/Storage Trailer Access Provided:       | ___        | ___       | ___        |
| <b>7. EXCAVATION, TRENCHING &amp; SHORING</b> |            |           |            |
| Appropriate Protection Provided:              | ___        | ___       | ___        |
| Employee Training Provided:                   | ___        | ___       | ___        |
| Safe Access Provided:                         | ___        | ___       | ___        |

|   | YES   | NO    | N/A   |
|---|-------|-------|-------|
| <b>8. CONFINED SPACE:</b>                           |       |       |       |
| Space(s) Evaluated:                                 | _____ | _____ | _____ |
| Entry Plan Prepared:                                | _____ | _____ | _____ |
| <b>9. HEAVY EQUIPMENT:</b>                          |       |       |       |
| Forklift:   | _____ | _____ | _____ |
| Boom Truck:   | _____ | _____ | _____ |
| Crane:  | _____ | _____ | _____ |
| Backhoe:  | _____ | _____ | _____ |
| Skid-Steer Loader:                                  | _____ | _____ | _____ |
| Wheeled Loader:                                     | _____ | _____ | _____ |
| Air Compressor:                                     | _____ | _____ | _____ |
| Qualified Operators:                                | _____ | _____ | _____ |
| Properly Inspected and Maintained:                  | _____ | _____ | _____ |
| Entanglement Area(s) Properly Guarded:              | _____ | _____ | _____ |
| Equipped with Safety Equipment:                     | _____ | _____ | _____ |
| Backup Alarm:                                       | _____ | _____ | _____ |
| Fire Extinguisher:                                  | _____ | _____ | _____ |
| <b>10. WELDING &amp; CUTTING:</b>                   |       |       |       |
| Equipment Condition:                                | _____ | _____ | _____ |
| Cylinders Secured & Separated:                      | _____ | _____ | _____ |
| Flammable & Combustible Protection:                 | _____ | _____ | _____ |
| Personal Protective Equipment Provided:             | _____ | _____ | _____ |
| Fire Suppression Equipment Available:               | _____ | _____ | _____ |
| Electrical Welder Properly Grounded:                | _____ | _____ | _____ |
| Hot Work Permit:                                    | _____ | _____ | _____ |
| <b>11. FLAMMABLE &amp; COMBUSTIBLE STORAGE:</b>     |       |       |       |
| Containers Properly Labeled:                        | _____ | _____ | _____ |
| Appropriate Containers:                             | _____ | _____ | _____ |
| Fire Suppression Equipment Provided:                | _____ | _____ | _____ |
| <b>12. HOUSEKEEPING:</b>                            | _____ | _____ | _____ |
| <b>13. MATERIAL &amp; SUPPLIES PROPERLY STORED:</b> | _____ | _____ | _____ |