Safe Work Procedure Forms Table of Contents

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Rough Terrain Forklift Inspection

Operator Name:	**Project:**
Make:	**Model:**
Hour Meter Reading:	**Week of:**

Inspect items and initial if in good working order and ready for safe usage

Inspection Items	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. Annual Inspection/NDT Valid						
2. Manufacturer's Data Placard						
3. Load Chart Available						
4. Cab (ROPS/FOPS)						
5. Windows and Mirrors						
6. Horn, Backup Alarm, Fire Extinguisher						
7. Boom Arm Angle Indicator						
8. Frame Level Indicators						
9. Lifting Attachments						
10. Engine Compartment (Fluids)						
11. Battery Condition/Level						
12. Hydraulics, Hoses, Leaks						
13. Seatbelt, Strobe Light						
14. Runs/Operators Well						
15. Gauges and Indicators						
16. Forward/Reverse Controls						
17. Lights, Tilt, up/down, boom level						
18. Steering						
19. Braking/Parking Break						
20. Outriggers/Stabilizers						
21. Tire/Wheel Condition						
22. Fuel Level						
23. Spill Kit On-Site						
24. Ground Conditions						

Notes/ List Item #'s Requiring Attention: (maintenance required or completed)

	SKIDSTEER (BOBCAT) INSPECTION PRE-USE FORM			
	OHS Program	Created: May 2024	Last review: June 2025	Rev. 1.0

THIS INSPECTION FORM MUST BE COMPLETED DAILY PRIOR TO OPERATING	
Project Name:	**Date/Time:**
Operator Name:	**Make/Model:**
Machine Hours:	**Unit #:**

What To Inspect	What To Look For	Maintenance Required/Comments
From The Ground		
☐ TIRES OR TRACKS, WHEELS, LUG NUTS	➢ INFLATION OR ALIGNMENT, LEAKS, DAMAGE,	_____
☐ BUCKET, BUCKET CUTTING EDGE	➢ WEAR	_____
☐ BUCKET LIFT/TILT CYLINDERS, LINES, HOSES	➢ EXCESSIVE WEAR, DAMAGE	_____
☐ LOADER FRAME, ARMS	➢ EXCESSIVE WEAR, DAMAGE, LEAKS	_____
☐ UNDERNEATH MACHINE	➢ EXCESSIVE WEAR, DAMAGE	_____
☐ TRANSMISSION, TRANSFER CASE	➢ LEAKS, DAMAGE, DEBRIS	_____
☐ STEPS AND HANDHOLDS	➢ LEAKS	_____
☐ FUEL TANK	➢ CONDITION, CLEANLINESS	_____
☐ AXLES, DRIVE ASSEMBLY	➢ FUEL LEVEL, DAMAGE, LEAKS	_____
☐ HYDRAULICS	➢ LEAKS, DAMAGE, WEAR	_____
☐ LIGHTS, FRONT & REAR	➢ FUNCTION, DAMAGE, WIRING	_____
☐ BATTERY COMPARTMENT	➢ CLEANLINESS, LOOSE NUTS/BOLTS, LEAKS	_____
Engine Compartment		
☐ ENGINE OIL	➢ FLUID LEVEL	_____
☐ ENGINE COOLANT	➢ FLUID LEVEL	_____
☐ RADIATOR	➢ FIN BLOCKAGE, LEAKS	_____
☐ ALL HOSES	➢ CRACKS, WEAR SPOTS,LEAKS	_____
☐ FUEL FILTERS	➢ LEAKS, CONDITION	_____
☐ ALL BELTS	➢ TENSION, WEAR, CRACKS	_____
☐ AIR FILTER	➢ WEAR, DAMAGE	_____
☐ OVERALL ENGINE COMPARTMENT	➢ TRASH OR DIRT BUILDUP, LEAKS	_____
Inside The Cab		
☐ FOOT OR HAND LEAVERS	➢ FUNCTIONABILITY, CLEAN, WEAR	_____
☐ SEAT	➢ DAMAGE, WEAR, ADJUSTMENT	_____
☐ SEAT BELT & MOUNTING	➢ DAMAGE, WEAR, ADJUSTMENT	_____
☐ BACKUP ALARM, LIGHTS	➢ PROPER FUNCTION	_____
☐ GAUGES, SWITCHES, CONTROLS	➢ DAMAGE, FUNCTION	_____
☐ OVERALL CAB INTERIOR	➢ CLEANLINESS	_____

Other Notes:

Next Service Date:

Operator Signature:

	CUTTING AND CORING PERMIT			
	OHS Program	Created: April 2024	Last review: June 2025	Rev. 1.0

Section 1 - Project Info		
Company Name:	Date:	Time:
Duration of work:	Project:	Location:
Description of Work Activities:		

Section 2 - Pre-Work Checklist	Yes	No	N/A
1. Verification that no uncontrolled hazards are present within wall or slab?			
2. Method utilized to verify hazards aren't present and/or are controlled: Electrical De-energized & Locked Out — Services Not Present in Slab X-Ray/Ground Penetrating Radar — Pre-pour Photos Reviewed			
3. Electrical/Gas contractor consulted to verify hazards aren't present?			
4. Verified coring will not damage surface mounted services on the other side of the wall or slab?			
5. Area below flagged off with danger tape, signage and a spotter in place to prevent incident?			
6. Surface below protected from damage due to slurry and falling core?			
7. Method to control dust established with Trade Partner(s)?			
8. Method to clean up slurry established with contractor?			
9. FLHA completed by worker(s) conducting task?			
10. Proof of powder actuated tool training provided?			
11. Correct coring drill and bit size/length			
12. Worker(s) trained in safe coring/cutting machine usage and SWP's?			
13. Fall Hazard Controls: Guardrails — Control zone with signage Scaffold/Work plate form — Fall Protection (explain)			
Comments			

By signing below, you understand the hazards of this task, how the hazards are being mitigated and your responsibility for working safely during any slab & wall coring & cutting activities

Coring Operator	Name:	Signature:
Spotter	Name:	Signature:
Site Superintendent	Name:	Signature:

PROJECT INFORMATION

Project Name:	**Date:**
Prime Contractor:	**Address:**
Supervisor Name:	**Supervisor #:**

Description of the Work Location (Floor level, what building face etc.)

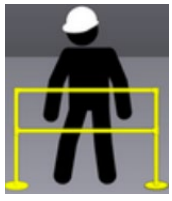
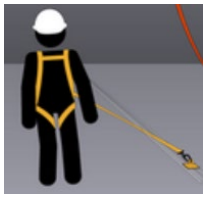
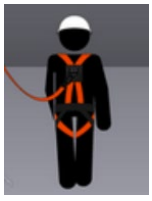
Description of that Work to be Completed (List all tasks being performed a heights)

WORK AREA FALL HAZARDS

Check all that apply	☐ Floor or Ground Openings?	☐ Swing Fall Hazard?
☐ < 10 feet – with hazards below	☐ 25’ and over	Total Height: ft.
☐ Slab or Deck	☐ Roof	☐ Balcony
☐ Less than 4/12 (no slope)	☐ 4/12-8/12 (low slope)	☐ 8/12 or greater (steep slope)
☐ Fall Clearance under 17-1/2’	☐ Fall Clearance over 17-1/2’	☐ Scaffolding
☐ Extension Ladder	☐ Step Ladder	☐ Permanent Ladder
☐ Mobile Elevated Work Platform	☐ Bosun’s Chair	☐ Swing Stage
☐ Public or Workers Below	☐ High Traffic Below	☐ High Voltage within 6 Meters
☐		

FALL PROTECTION SYSTEMS TO BE USED

Follow the Hierarchy of Controls by Selecting the Systems to be used

☐ Guardrail System	☐ Fall Restraint System	☐ Fall Arrest System	☐ Other Procedures
			

FALL PROTECTION COMPONENTS TO BE USED

Anchorage Type

- Fall Restraint System min load capacity in any direction is 800 lbs or 4 times the weight of the worker
- Fall Arrest System min load capacity in any direction is 5000 lbs or 2 times the max arrest force

☐ Structural Wood Members (describe)		
☐ Concrete Wall or Ceiling (describe)		
☐ Concrete Column (describe)		
☐ Steel Beam (describe)		
☐ Other (describe)		
Anchors to be used	☐ Concrete Anchor Strap	☐ Concrete Reusable Insert
☐ Nail Down Metal Anchor	☐ Beam Slider	☐ Cable Choker/Sling
☐ Horizontal Lifeline (engineered)	☐ Web sling	☐ Other

Fall Protection Harness Type Required (circle)

☐ Class A (Fall Arrest) 	☐ Class P (Positioning) 	☐ Class L (Ladders) 	☐ Class E (Limited Access) 	☐ Class D (Suspension/Descent) 

Connecting Devices

☐ Life Line with locking snap-hooks (describe length) ft.			
☐ Self Retracting Lifeline (describe length)			
☐ Work Positioning Lanyard (describe length) ft.			
☐ Carabiner	☐ Rope Grab	☐ Temp Horizontal Lifeline	☐ Perm Horizontal Lifeline
☐ Tool or Equipment Tethers		☐ Hard Hat Chin Strap	
☐ Other (describe)		☐ Other (describe)	

OTHER

☐ Additional Safe Job Procedures Required (attach)	☐ Engineering Required (reviewed)
☐ Manufacturers Instructions Available	☐ Workers Training Records up to Date
Control Zone Details (describe)	

FALL PROTECTION SETUP INSTRUCTIONS

List the process for installation and setup of equipment specified by the manufacturer. Provide specifics on the anchor system on how to setup and take down.

FALL PROTECTION PLAN DIAGRAM

EMPLOYEE ACKNOWLEDGEMENT

Plan Prepared By:	**Date:**
Plan Approved By:	**Date:**

All employees instructed in the contents of this SJP must print their full name clearly and sign, acknowledging they understand the instructions.

PRINT NAME	SIGNATURE	DATE

SUPERVISORS REVIEW

PRINT NAME	SIGNATURE	DATE

This document has been provided for the safety of all applicable workers on site during the course of our construction. Enforcement of the contents of this document WILL be provided through designated management on site (the above signed) at all times.

Forklift Inspection	
Operator Name:	**Project:**
Make:	**Model:**
Hour Meter Reading:	**Week of:**

Inspect items and initial if in good working order and ready for safe usage

Inspection Items	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1. Operator Qualifications						
2. Manufacturer's Data Placard						
3. Load Chart Available						
4. Cab (ROPS/FOPS)						
5. Windows and Mirrors						
6. Horn, Backup Alarm, Fire Extinguisher						
7. Boom Arm Angle Indicator						
8. Frame Level Indicators						
9. Lifting Attachments						
10. Engine Compartment (Fluids)						
11. Battery Condition/Level						
12. Hydraulics, Hoses, Leaks						
13. Seatbelt, Strobe Light						
14. Runs/Operators Well						
15. Gauges and Indicators						
16. Forward/Reverse Controls						
17. Lights, Tilt, up/down, boom level						
18. Steering						
19. Braking/Parking Brake						
20. Lift/Tilt mechanism/cylinders and hoses						
21. Tire/Wheel Condition						
22. Fuel Level/ Propane						
23. Spill Kit On-Site						
24. Ground Conditions						

Notes/ List Item #'s Requiring Attention: (maintenance required or completed)

	MEWP Inspection			
	OHS Program	Created: May 2024	Last review: June 2025	Rev. 1.0

PROJECT INFORMATION	
Project:	**Date/Week of:**
Make/Model:	**Hours Reading:**

Inspection item	Initial for good working order. X for deficient. N/A for not applicable					
	M	T	W	T	F	S
1. Manufacturers manual, load charts available and reviewed by operator						
2. Ground conditions, slab ratings safe for use, drop offs, wind, overhead hazards						
3. Safe access provided, and area below restricted by fencing or control zone						
4. Annual NDT Completed for Aerial Lifts						
5. Personal Protection Devices (incl. Fall Pro)						
6. Safety Devices working (dead man pedal/switch)						
7. Air, Hydraulic & Fuel System Leaks						
8. Cables & Wiring Harness						
9. Tires & Wheels						
10. Placards, Warnings & Control Markings						
11. Operating & Emergency Controls						
12. Guardrail System						
13. Door and Chain						
14. Platform condition (incl. extension)						
15. Materials and equipment on the lift are evenly distributed						
16. Warning devices (horns, lights, etc.)						
17. Power Functions from basket and unit base working						
18. Batteries						
19. Stabilizers, outriggers and other stability devices (where applicable)						
20.						
21.						

Deficient Items/Action Items

Inspector(s) Name:	**Inspector(s) Name:**

	Hydro Mobile Inspection			
	OHS Program	Created: May 2024	Last review: June 2025	Rev. 1.0

PROJECT INFORMATION	
Project:	**Date/Week of:**

Inspection item	Initial for good working order. X for deficient. N/A for not applicable					
	M	T	W	T	F	S
1. Manufacturers manual available and reviewed by operator						
2. Ground conditions, slab load ratings safe for use, cribbing secure						
3. Safe access provided, and area below restricted by fencing or control zone						
4. Mast condition, bolts secure, tie configuration is as per manufacturers specifications						
5. Guardrails with toe boards in place						
6. Fluid levels (oil, gas, hydraulic fluid) inspected. Any Leaks?						
7. Motor(s) inspected for safe operation and guards in place.						
8. Power cables in good condition and protected						
9. Fire Extinguisher available on the unit						
10. Power functions (controls) tested and operating safely. Safety stop functioning						
11. Bridge connections and bolts in good condition						
12. Outriggers and planking set up as per manufacturer's and WSBC requirements						
13. Tower and base level						
14. Deck and other components clean/free of mortar and debris						
15. Materials and equipment on the lift are evenly distributed						
16. Safety hook springs in good condition						
17. Fall Protection requirements adhered to						
18. Load Capacity charts available and legible						
19. Balcony access or emergency rescue when at elevations acceptable						
20.						
21.						

Deficient Items/Action Items

Inspector(s) Name:	**Inspector(s) Name:**

	Scaffolding Inspection			
	OHS Program	Created: May 2024	Last review: June 2025	Rev. 1.0

PROJECT INFORMATION

Project:	**Date/Week of:**

Inspection item	**Initial for good working order. X for deficient. N/A for not applicable**					
	M	**T**	**W**	**T**	**F**	**S**
1. A competent/qualified person has erected this scaffold system						
2. Mud sills have been properly placed and are of adequate size						
3. Screw jacks have been used to level/plumb the scaffold						
4. Base plates and/or screw jacks are in firm contact with the sills and scaffold frame						
5. Scaffold components and planking are in safe/good condition						
6. Scaffold planks are graded for scaffold use? (min. 2” nominal thick or doubled or manufactured, etc)						
7. Diagonal bracing installed as per manufacturers requirements						
8. Guardrails installed as per WSBC requirements						
9. Scaffold leg connections have been secured on all 4 corners						
10. Is the platform fully planked/decked with no gaps greater than 10”						
11. Scaffold engineered if screening/tarping attached						
12. Scaffold securely connected to structure if height is over 3 times the base size						
13. Safe access onto the scaffolding.						
14. Adequate guardrails have been installed.						
15. Toe boards used where workers working below, or risk of tools/material being pushed off						
16. Manufactured planks are securely fitted						
17. Planks have a minimum of 12” overlap and extend at least 6” beyond supports with end cleats						
18. Scaffold is erected as per electrical limits of approach						
19. Are scaffold end terminations gates or guardrails in place to prevent falls.						
20. Green Scaffolding Tag for safe use posted						
21. Other						

Deficient Items/Action Items

Inspector(s) Name:	**Inspector(s) Name:**