



GCC JOB SITE – SAFETY SURVEY

Survey Date: \_\_\_\_\_ Job#/Location: \_\_\_\_\_  
Job Superintendent and Foreman: \_\_\_\_\_

Scope of Activities Being Performed:

WORKPLACE APPLICATION OF IIPP: ( ✓ )

Code of Safe Practices		EAP & FPP Policies Communicated	
Substance List w/MSDS		Safety Training Conducted (Mondays)	
Posting Notices		Daily Walk-through performed	
Documented Inspections & Corrections			
Accident Investigation Forms			

WORKPLACE FACILITIES: E = Effective I = Ineffective N/A = Not Applicable

Housekeeping		Yard/Storage Area/Debris Containers		Toilet Facilities	
Tripping Hazard Controls		Fencing/Security		Storage, Labeling, Disposal	
Raw Materials, Chemicals		Lighting		No Smoking Signs/Warnings	
Electrical Safeguards		Confined Space Conditions		1st Aid Kits/Fire Extinguishers	

Condition and Protection Satisfactory: (Check all that apply)

Equipment:

Trucks/Dump Trucks Yes/No \_\_\_\_\_ Scraper Yes/No \_\_\_\_\_  
Backhoe Yes/No \_\_\_\_\_ Other Yes/No \_\_\_\_\_

Excavation:

Under/Over 5 Ft Deep Yes/No \_\_\_\_\_ Shoring Yes/No \_\_\_\_\_  
Soil Type Determined Yes/No \_\_\_\_\_ Ladders Yes/No \_\_\_\_\_  
Edge Clearance Yes/No \_\_\_\_\_ Other Yes/No \_\_\_\_\_

Traffic Control:

Barricades Yes / No \_\_\_\_\_  
Cones Yes / No \_\_\_\_\_  
Lights Yes / No \_\_\_\_\_  
Flagmen Yes / No \_\_\_\_\_  
Training Documented Yes / No \_\_\_\_\_

Personal Protection:

Hard Hats Yes/No \_\_\_\_\_ Eye Protection Yes/No \_\_\_\_\_  
Vests Yes/No \_\_\_\_\_ Hand/Foot Protection Yes/No \_\_\_\_\_  
Noise Protection Yes/No \_\_\_\_\_ Other (Respiratory) Yes/No \_\_\_\_\_

Housekeeping:

Job Site/Debris Handling Yes / No \_\_\_\_\_

Public Safety:

Walkways Clear Yes/No \_\_\_\_\_ Signs Yes/No \_\_\_\_\_  
Material Stockpiles Yes/No \_\_\_\_\_ Other Yes/No \_\_\_\_\_

Miscellaneous Exposures, if applicable:

Workplace Security Yes / No \_\_\_\_\_  
Subcontractor Compliance Yes / No \_\_\_\_\_

OVERALL ASSESSMENT/Recommendations (use attached sheet if necessary):

DOCUMENT HAZARD CORRECTIONS PENDING OR COMPLETED (use attached sheet and/or Safety Program Action Report, if necessary):

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_