**SAFETY SURVEYS AND INSPECTIONS**

**SIGNATURE CLIENT SITE SAFETY INSPECTION CHECKLIST**

Client Name: _____ Date of Inspection: _____

Nature of Clients Business: _____

Complete Job Descriptions of SIGNATURE employees job duties:

1) _____
   _____
   _____

2) _____
   _____
   _____

3) _____
   _____
   _____

**SAFETY PROGRAM ELEMENT IMPLEMENTED BY CLIENT**

**Implemented = Is this safety element in place and effectively protecting Employees?**
**Needed = Is this safety element needed to protect Employees?**

| PROGRAM | In-Place Y | In-Place N | Needed Y | Needed N | Comments |
|---|---|---|---|---|---|
| Personal Protection | ρ | ρ | ρ | ρ | _____ |
| Safety Orientation | ρ | ρ | ρ | ρ | _____ |
| Safety Training | ρ | ρ | ρ | ρ | _____ |
| Safety Meetings | ρ | ρ | ρ | ρ | _____ |
| Safety Committee | ρ | ρ | ρ | ρ | _____ |
| Safety Inspections | ρ | ρ | ρ | ρ | _____ |
| Safety Coordinator(s) | ρ | ρ | ρ | ρ | _____ |
| Accident Investigation | ρ | ρ | ρ | ρ | _____ |

Signature: _____ Date: _____