

FIELD SAFETY INSPECTION

Date: _____ Location: _____ Job#: _____

Time: _____ Crew: _____

EMPLOYEE NAME

Satisfactory = S

Unsatisfactory = U

DOT DRIVERS

	S	U	Comments		S	U	Comments
PPE:				SAFETY/EMERGENCY EQUIPMENT			
				Fire Extinguisher			
Safe Task Knowledge							
				Warning Triangles			
Emergency Contact & Direction							
				Fuses			
VEHICAL #							
First Aid Kit				First Aid Kit			
Fire Extinguisher				TRUCK BINDER/TRAILER TUBE			
				Understanding Of Concept of Document Book			
Emergency Contact Sheet							
				Organization, Completeness, Currency			
Vehicle Inspection Sheet							
				HOURS OF SERVICE			
EQUIPMENT #				Logs/Timesheet Completed To Standard			
First Aid Kit							
				Understanding of Hours Of Service Regulations			
Fire Extinguisher							
Spill Kit							
				DAILY VEHICLE INSPECTION REPORT			
Equipment Inspection Sheet				Understanding Before, During			
				And After Operations Checks			
ADMINISTRATIVE							
Light Duty/Injury Forms				VEHICLE INSPECTION			
				Brakes			
Incident Injury							
				Lights			
Tool Box Meeting Guide Book							
				Understanding Of Load Securement			
Health & Safety Book							
Job Safety Analysis Book							
Weekly Safety Sign-up Book							
Incident/Injury Report Book							
MSDS Book							

GENERAL COMMENTS

Inspected By: _____ Employee Signature: _____