



SAFETY SHEET

Form 06-34G

Revised 10-05

Client Name↑	Site #
Client Address	Date
Inspected By	Work Team

Site Inspection Prior To Starting Work

Hazards Identified	Precautions.

Site Inspection End of Day

<input type="checkbox"/> All tools have been picked up.
<input type="checkbox"/> All building materials have been picked up or secured
<input type="checkbox"/> All trash, old materials and debris has been removed or properly disposed of
<input type="checkbox"/> Client notified of incomplete work, warned of dangerous situations, and dangerous areas are roped or taped off.
<i>Notes:</i>