



Compliance Inspection Report

Complete and Return to the Safety and Training Department within 24 hours of Inspection.

Date: _____ Time: _____ State: _____

Location Address: _____

Competent Person or Foreman Onsite: _____

Service Division: _____ Area Manager: _____

Compliance Agency Information

Name of Agency Performing the Inspection: _____

Compliance Officer's Name: _____ Badge Number: _____

Phone Number: _____

Compliance Agency Address: _____

Record of Events

Did the Compliance Officer indicate any non-compliance issues? Yes ___ No ___

If Yes, what indications of observations were made?

Did the compliance Officer wait for a Safety Department Representative or an Area Manager before beginning the inspection? Yes _____ How long? _____ No _____

Opening Conference Held? Yes _____ No _____ If YES, what was stated?

Did the Compliance Officer make any observations of the jobsite before announcing his/her presence? Yes _____ No _____ If YES, what observations were made?

Continue on back

Did the Compliance Officer specifically ask to see anything onsite?

Yes ____ No ____ If YES, describe what he/she asked to see: _____

Did the Compliance Officer VIDEO TAPE any events onsite? Yes ____ No ____

If YES, describe what was video-taped: _____

Did the Compliance Officer take PHOTOGRAPHS? Yes ____ No ____ if YES, describe what was photographed: _____

Did the Compliance Officer take any MEASUREMENTS? Yes ____ No ____ If YES, describe the measurements taken: _____

List the names of all employees on-site:

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Name: _____ Job Title: _____

Who did the Compliance Officer talk to while on-site:

Name: _____ Questions asked? _____

Name: _____ Questions asked? _____

NAME OF PERSON FILLING OUT THIS REPORT: _____

Signature: _____ Date: _____ Phone: _____

Reviewed by Area Manager: _____

Signature: _____ Date: _____