

OSHA All Inspection Forms Bundle

FORBES SAFETY SOLUTIONS

Complete bundle — 24 templates included

Editable Word/Excel/PowerPoint versions available at forbessafety.com/downloads/

Table of Contents

1. Inspection Aed
2. Inspection Aerial Lift
3. Inspection Concrete Pump
4. Inspection Crane
5. Inspection Daily Site
6. Inspection Electrical Cord
7. Inspection Equipment
8. Inspection Fire Extinguisher
9. Inspection First Aid
10. Inspection Forklift Equipment
11. Inspection Gas Cylinder
12. Inspection Generator
13. Inspection Harness
14. Inspection Ladder
15. Inspection Rigging Sling
16. Inspection Scaffold
17. Inspection Trench Daily
18. Inspection Vehicle Pretrip
19. Inspection Weekly Observation

- 20. Inspection Welding Equipment
- 21. Permit Confined Space
- 22. Permit Excavation
- 23. Permit Hot Work
- 24. Toolbox 52week Tracker

FORBES SAFETY SOLUTIONS

AED Inspection Monthly Log

Ref: AHA Guidelines / AED Manufacturer Recommendations

Company: _____

Serial: _____

Date: _____

AED Location: _____

Year: _____

Expiration Date: _____

#	Inspection Item	Jan	Feb	Mar	Apr	May
1	Status indicator light GREEN?					
2	Battery charge OK?					
3	Pads within expiration date?					
4	Pads sealed and undamaged?					
5	Cabinet/case clean and accessible?					
6	AED signage visible?					
7	Rescue kit present — gloves?					
8	Rescue kit present — razor?					
9	Rescue kit present — scissors?					
10	Rescue kit present — towel?					

Inspector Initials

Notes / Corrective Actions

Legend

Pass = Item OK

Fail = Needs Attention / Corrective Action

8

Recommendations

Jun	Jul	Aug	Sep	Oct	Nov	Dec

AERIAL LIFT / BOOM LIFT PRE-USE INSPECT

Forbes Safety Solutions

Ref: 29 CFR 1926.453 | ANSI A92.22

Company:	
Equipment Type:	(Boom / Scissor / Other)
Equipment ID:	
Make/Model:	
Date:	
Operator:	

VISUAL INSPECTION

#	Inspection Item	Pass	Fail	N/A
1	Tires/Wheels — condition and inflation			
2	Hydraulic hoses and cylinders — no leaks/damage			
3	Platform, guardrails, and gate — secure			
4	Controls labeled and functional			
5	Outriggers/Stabilizers — condition			
6	Turntable/Slew mechanism			
7	Boom sections — no cracks/damage			
8	Electrical connections — secure/no damage			
9	Safety decals and load chart — visible/legible			

OPERATIONAL CHECK

#	Inspection Item	Pass	Fail	N/A
10	All controls responsive (up/down/left/right)			
11	Emergency lowering system functional			
12	Horn/Alarm operational			
13	Drive functions (forward/reverse/steer)			
14	Boom/Platform movement smooth			
15	Brakes — hold on incline			

SIGNATURES		
Operator Signature:		Date:
Supervisor Signature:		Date:

ION

Deficiency Notes

Deficiency Notes



FORBES SAFETY SOLUTIONS

CONCRETE PUMP PRE-USE INSPECTION

Reference: 29 CFR 1926 Subpart Q | ACI 304.2R

Company:	Equipment ID:
Make/Model:	Operator:

#	Inspection Item	Pass	Fail
1. BOOM SECTIONS			
1	Boom sections free of cracks or damage		
2	Boom pins secure and properly lubricated		
3	Boom hoses connected and no leaks		
4	Boom unfolding/folding operates smoothly		
5	Wear pads in good condition		
2. HYDRAULIC SYSTEM			
6	Hydraulic hoses - no leaks, cuts, or abrasion		
7	Hydraulic cylinders - no leaks or damage		
8	Hydraulic fluid level adequate		
9	Hydraulic oil filter condition acceptable		
10	System pressure within specifications		
3. OUTRIGGERS / STABILIZERS			
11	Outriggers fully extended and locked		
12	Outrigger pads on solid ground / timber mats		
13	No visible damage to outrigger beams or cylinders		
14	Level indicators checked - unit is level		
4. DELIVERY PIPE / REDUCERS / CLAMPS			
15	Pipe sections free of excessive wear		
16	All clamps secured and in good condition		
17	Reducers properly connected		
18	Wear indicators checked (if equipped)		
19	End hose in good condition - no bulges or cuts		
5. HOPPER / AGITATOR			
20	Hopper grate/screen in place and secure		
21	Agitator operating properly		
22	Hopper free of hardened concrete buildup		
23	Rock valve / S-valve operating correctly		
6. PTO / ENGINE			
24	Engine oil level checked		
25	Coolant level checked		

26	PTO engagement smooth and operational		
27	No unusual engine noises or vibration		
28	Exhaust system intact - no leaks		
7. GROUND CONDITIONS			
29	Setup area can support pump weight plus load		
30	Ground is level or leveled with cribbing		
31	Adequate distance from excavations / slopes		
32	Overhead power line clearance verified (min. 20 ft for lines up to 350kV)		
8. SAFETY DEVICES			
33	Emergency stop button(s) functional		
34	Boom kickback prevention system operational		
35	Pressure relief valves functional		
36	Warning lights and alarms operational		
37	Remote control operational (if equipped)		
9. DELIVERY LINE (GROUND LINE)			
38	Pipe wear indicators checked		
39	All clamps secure and tightened		
40	Line properly supported and secured		
41	Clean-out ball and equipment available		
42	End hose whip check installed		

SIGNATURES

Equipment Inspected By (Operator):

Operator Signature:

Date:

Reviewed By (Supervisor):

Supervisor Signature:

Date:

Reference: 29 CFR 1926 Subpart Q | ACI 304.2R

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FORBES SAFETY SOLUTIONS

CRANE PRE-USE INSPECTION CHECKLIST

Per 29 CFR 1926.1412 (Inspections) & 29 CFR 1926.1417 (Operation)

Compar _____

Crane ID _____

Make / _____ Capacity (ton) _____

Date: _____ Inspector Name _____

1. STRUCTURAL COMPONENTS

#	Inspection Item	PASS	FAIL	N/A
1	Boom condition (cracks, deformation, corrosion)			
2	Jib condition and connections			
3	Mast / tower structure integrity			
4	Turntable and swing mechanism			
5	Outriggers / crawlers condition and operation			
6	Counterweights properly secured and correct amount			

2. WIRE ROPE & RIGGING

#	Inspection Item	PASS	FAIL	N/A
7	Main hoist wire rope (kinks, bird-caging, broken wires)			
8	Auxiliary hoist wire rope condition			
9	Pendant lines condition and connections			
10	Sheaves and drums (wear, cracks, rope tracking)			
11	Hook condition (latch, throat opening, twist)			
12	Slings, shackles, and rigging hardware			

3. CONTROLS & LIMIT SWITCHES

#	Inspection Item	PASS	FAIL	N/A
13	All operating controls functional and properly labeled			
14	Upper and lower limit switches operational			
15	Anti-two-block (A2B) device functional			
16	Boom hoist limiting device			
17	Swing brake and lock			
18	Emergency stop / power disconnect			

4. SAFETY DEVICES

#	Inspection Item	PASS	FAIL	N/A
19	Load moment indicator (LMI) operational			
20	Boom angle indicator functional			
21	Level indicator / bubble level			
22	Anemometer / wind speed indicator			
23	Backup alarm operational			
24	Fire extinguisher present and current			

5. HYDRAULIC SYSTEM

#	Inspection Item	PASS	FAIL	N/A
25	Hydraulic cylinders (leaks, damage, drift)			
26	Hoses and fittings (wear, abrasion, leaks)			
27	Hydraulic fluid level adequate			
28	Filters and strainers condition			
29	Pump operation and pressure			

6. ELECTRICAL SYSTEM

#	Inspection Item	PASS	FAIL	N/A
30	Power supply / generator condition			
31	Ground fault protection			
32	Lighting (cab, boom, warning lights)			
33	Wiring and connections (damage, exposure)			
34	Battery condition and charge			

7. GROUND CONDITIONS

#	Inspection Item	PASS	FAIL	N/A
35	Ground firm and level for crane operation			
36	Cribbing / mats in place and adequate			
37	Outrigger pads properly positioned			
38	Underground utilities identified and marked			
39	Adequate clearance from power lines (min. 20 ft)			

8. DOCUMENTATION & CERTIFICATION

#	Inspection Item	PASS	FAIL	N/A
40	Load chart present and legible in cab			
41	Operator certification current and on file			

42	Annual inspection current (within 12 months)			
43	Crane logbook up to date			
44	Manufacturer's operation manual available			

DEFICIENCY NOTES / CORRECTIVE ACTIONS REQUIRED

#	Deficiency Description	Corrective Action
1		
2		
3		
4		
5		
6		
7		

INSPECTION SIGN-OFF

☐ Crane is SAFE to operate

☐ Crane is NOT SAFE — Remove from service

Inspector: _____ Date: _____

Supervisor: _____ Date: _____

Forbes Safety Solutions | Crane Pre-Use Inspection Checklist | Per 29 CFR 1926.1412 & :
This checklist must be completed BEFORE each shift of crane operation. Keep records for duration of c

Notes

Notes

Notes

Notes

Notes

Completion Date

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1926.1417
crane use + 3 months.

DAILY CONSTRUCTION SITE SAFETY INSPECTION

Forbes Safety Solutions

Project Name:			
Date:		Weather:	
Inspector:		Site Address:	

#	Inspection Item	Status	Comments
HOUSEKEEPING			
1	Walkways and access routes clear of obstructions		
2	Materials stored properly and securely		
3	Waste disposal containers available and not overflowing		
4	Trip hazards identified and addressed		
5	Adequate lighting in all work areas		
PPE COMPLIANCE			
6	Hard hats worn in all required areas		
7	Safety glasses/goggles in use where required		
8	High-visibility vests worn as required		
9	Safety boots/steel-toed footwear worn		
10	Gloves appropriate for task being worn		
FALL PROTECTION			
11	Guardrails intact and properly installed		
12	Floor openings covered and secured		
13	Harnesses inspected and properly worn		
14	Anchorage points adequate and accessible		
15	Ladders secured and in good condition		
ELECTRICAL SAFETY			
16	GFCIs in use on all temporary circuits		
17	Extension cords undamaged and rated properly		
18	Temporary power panels secured		
19	Panel access clear of obstructions (36" min.)		
EXCAVATION			
20	Shoring/sloping/shielding in place per plan		
21	Access ladders within 25 ft. of workers		
22	Spoil pile set back minimum 2 ft. from edge		

23	Utility markings visible and intact		
FIRE PREVENTION			
24	Fire extinguishers accessible and charged		
25	Hot work permits posted and current		
26	Flammable materials stored properly		
EQUIPMENT			
27	Daily equipment inspections completed		
28	Operators have valid certifications		
29	Seatbelts in use on all applicable equipment		
30	Backup alarms functional on all equipment		

INSPECTION SUMMARY	
Total Items Inspected	0
Items Compliant (Yes)	0
Items Needing Correction (No)	0
Not Applicable (N/A)	0
Compliance Rate	0.0%
Overall Site Rating	

CORRECTIVE ACTIONS REQUIRED				
#	Description	Priority	Assigned To	Status
1				
2				
3				
4				
5				
6				
7				
8				

SIGNATURES

Inspector
Signature

Date:

Superintendent
Signature

Date:

INSTRUCTIONS — Daily Construction Site Safety Inspection

Forbes Safety Solutions

PURPOSE

This form provides a standardized daily inspection checklist for construction sites.

It helps ensure compliance with OSHA regulations and company safety policies.

Complete this form at the start of each work day before work begins.

HOW TO USE

1. Fill in all header information (Project Name, Date, Inspector, Weather, Site Address).
2. Walk the entire site and inspect each item in every category.
3. Select 'Yes' if the item is compliant, 'No' if it is not, or 'N/A' if not applicable.
4. Add comments for any item marked 'No' — describe the specific issue observed.
5. The Summary section will automatically calculate compliance metrics.
6. Document all corrective actions needed in the Corrective Actions section.
7. Both the Inspector and Site Superintendent must sign and date the form.

RATING CRITERIA

Satisfactory — 90%+ compliance rate with no high-priority corrective actions needed.

Needs Improvement — 75-89% compliance rate or minor corrective actions identified.

Unsatisfactory — Below 75% compliance rate or significant safety hazards found.

Stop Work — Imminent danger identified; all work must cease until hazard is corrected.

CORRECTIVE ACTION PRIORITIES

High — Imminent danger or serious OSHA violation. Must be corrected immediately.

Medium — Potential hazard that should be corrected within 24 hours.

Low — Minor issue or best-practice improvement. Correct within one week.

RECORD KEEPING

Completed forms must be retained for the duration of the project plus 3 years.

Store copies in the project safety file and provide copies to the site superintendent.

Forms with 'Unsatisfactory' or 'Stop Work' ratings must be escalated to the Safety Director.

Quarter	Color Code	Tape/Tag Color
Q1 (Jan-Mar)	WHITE	White electrical tape
Q2 (Apr-Jun)	GREEN	Green electrical tape
Q3 (Jul-Sep)	RED	Red electrical tape
Q4 (Oct-Dec)	ORANGE	Orange electrical tape

AEGCP requires testing before first use, after repairs, and at least every 3 months

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FORBES SAFETY SOLUTIONS
ELECTRICAL TOOL & CORD INSPECTION LOG

Reference: 29 CFR 1926.404-405 | Assured Equipment Grounding Conduc

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Period
January 1 - March 31
April 1 - June 30
July 1 - September 30
October 1 - December 31

tor Program (AEGCP)

[illegible]



[illegible]

EQUIPMENT PRE-USE INSPECTION LOG

Forbes Safety Solutions

EQUIPMENT INFORMATION

Equipment Type:		Equipment ID:	
Date:		Operator Name:	
Hours/Mileage:		Project/Site:	

PRE-USE INSPECTION CHECKLIST

#	Inspection Item	Status	Notes / Details
FLUID LEVELS			
1	Engine oil level within operating range		
2	Hydraulic fluid level within operating range		
3	Coolant level within operating range		
4	Fuel level adequate for planned work		
TIRES / TRACKS / UNDERCARRIAGE			
5	Tires/tracks in acceptable condition (no cuts, bulges, or excessive wear)		
LIGHTS & SIGNALS			
6	All lights operational (head, tail, work, warning)		
7	Turn signals and hazard lights functional		
SAFETY DEVICES			
8	Horn functional and audible		
9	Backup alarm operational		
10	Seatbelt in good condition and functional		
11	Fire extinguisher present, accessible, and charged		
12	Mirrors clean, adjusted, and undamaged		
STRUCTURAL / PROTECTIVE			
13	ROPS/FOPS intact and properly secured		
14	Boom/arm/bucket condition acceptable (if applicable)		
15	Outriggers functional and pads available (if applicable)		
16	Load chart visible and legible (if applicable)		

CONTROLS & OPERATION			
17	Brakes — service and parking brakes functional		
18	Steering responsive and operating normally		
19	All controls operating smoothly		
20	Gauges and instruments functioning properly		
GENERAL CONDITION			
21	No visible leaks (oil, hydraulic, coolant, fuel)		
22	Guards and covers in place and secure		
23	Cab/operator area clean and free of loose items		

INSPECTION SUMMARY	
Items Inspected	0
Items Passed	0
Items Failed	0
Not Applicable	0

OVERALL EQUIPMENT STATUS	
Equipment Determination:	

DEFICIENCIES FOUND / CORRECTIVE ACTIONS		
#	Deficiency Description	Action Taken / Required
1		
2		
3		
4		
5		
6		

OPERATOR CERTIFICATION & SIGNATURES
<i>I certify that I have inspected this equipment and it is in the condition indicated above. I am trained and authorized to operate this equipment.</i>

or
Signatu

Date:

or
Signatu

Date:

FE-014									
FE-015									
FE-016									
FE-017									
FE-018									
FE-019									
FE-020									

Notes / Deficiencies:

CON LOG

Year: _____

Review
Review Date:

_____ Date: _____

[illegible]

FIRE EXTINGUISHER

Monthly Visual Inspection Checklist

Use this checklist as a reference when performing monthly fire extinguisher inspections. Mark **Pass (P)** or **Fail (F)** on the Monthly Inspection Log.

#	Inspection Item
1	Accessible & Visible
2	Pressure Gauge
3	Safety Pin & Tamper Seal
4	Physical Condition
5	Inspection Tag
6	Hose & Nozzle
7	Mounting & Height

ADDITIONAL REQUIREMENTS

- Annual professional inspection required by a certified fire professional
- 6-year maintenance: Internal examination for stored-pressure extinguishers
- 12-year hydrostatic test required for applicable extinguisher types

- Immediately remove from service and replace any extinguisher.
- Document all deficiencies and corrective actions taken.
- Maintain records for a minimum of 1 year (check local requirements).

INSPECTION CRITERIA

Checklist | 29 CFR 1910.157 / NFPA 10

guisher inspections. Each item must be verified for every extinguisher. Mark

What to Check
Extinguisher is not blocked by storage, equipment, or materials. Clearly visible or location is marked with signage. Travel distance requirements met per NFPA 10.
Gauge needle is in the green/operable range. If gauge is missing, damaged, or reads outside the operable range, mark as Fail. Note: CO2 extinguishers do not have a pressure gauge — weigh instead.
Pull pin is in place and not bent. Tamper seal/indicator is intact and unbroken. If seal is broken or pin is missing, the extinguisher may have been used or tampered with.
No visible damage, dents, corrosion, or leakage on the cylinder. Check the bottom for corrosion. No chemical residue around the nozzle. Nameplate and operating instructions are legible.
Current inspection tag is attached. Previous monthly inspections are documented on the tag. Tag shows last professional service/annual inspection date. Replace tag if full or illegible.
Hose is not cracked, cut, or blocked. Nozzle is clear of debris and obstructions. Hose connections are tight and not corroded. For wheeled units, check the hose length and condition.
Extinguisher is properly mounted in bracket, cabinet, or on wall hook. Mounting height: top handle no more than 5 ft (60 in.) from floor for units ≤40 lbs; no more than 3.5 ft (42 in.) for heavier units. Cabinet door opens freely if applicable.

tection specialist (NFPA 10, Chapter 7).

≥ extinguishers every 6 years.

ypes.

er that fails inspection.

ments for longer retention).

FORBES SAFETY SOLUTIONS

First Aid Kit Inspection Log

Ref: 29 CFR 1926.50, ANSI Z308.1

Company: _____
Number: _____

Kit Location: _____
Year: _____

#	Supply Item	Par Level	Jan	Feb	Mar	Apr	May
1	Adhesive Bandages (assorted)						
2	Gauze Pads (3x3, 4x4)						
3	Gauze Rolls						
4	Medical Tape						
5	Antiseptic Wipes/Solution						
6	Antibiotic Ointment						
7	Burn Cream/Gel						
8	Eye Wash Solution						
9	Disposable Gloves (pairs)						
10	CPR Pocket Mask						
11	Scissors (bandage)						
12	Tweezers						
13	Instant Cold Packs						
14	Trauma Dressings						
15	Tourniquet						
16	Aspirin Packets						

Inspector Initials

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Legend ✓ = Present / Adequate quantity

X = Missing / Needs restocking

Jun	Jul	Aug	Sep	Oct	Nov	Dec

--	--	--	--	--	--	--

FORKLIFT / HEAVY EQUIPMENT PRE-USE INSPECT

Forbes Safety Solutions | 29 CFR 1910.178 / 29 CFR 1926.602

Company Name:	_____	Date:	_____
Equipment Type:	_____	Equipment ID:	_____
Operator Name:	_____	Meter Reading:	_____
Supervisor:	_____	Shift:	_____

SECTION 1: VISUAL / WALK-AROUND INSPECTION (Engine Off)

#	Inspection Item	Pass	Fail	N/A
1	Tires / Tracks — condition, inflation, wear			
2	Forks / Bucket — straight, no cracks, wear, pins secure			
3	Hydraulic Hoses & Cylinders — no leaks, cracks, or damage			
4	Fluid Levels — engine oil, coolant, hydraulic fluid			
5	Lights — headlights, tail lights, strobe/warning lights			
6	Horn — operational			
7	Backup Alarm — operational			
8	Seatbelt — present, functional, no fraying			
9	Fire Extinguisher — present, charged, accessible			
10	Mirrors — present, clean, properly adjusted			
11	ROPS / FOPS — intact, no damage, bolts tight			
12	Load Chart — legible and present (forklift)			
13	Data Plate / Capacity Plate — present and legible			
14	Battery / Fuel System — no leaks, connections secure			
15	General Cleanliness — no debris, grease buildup			

SECTION 2: OPERATIONAL CHECK (Engine Running)

#	Inspection Item	Pass	Fail	N/A
1	Steering — smooth, no excessive play			
2	Service Brakes — responsive, adequate stopping power			

3	Parking Brake — holds on grade			
4	Hydraulic Controls — smooth operation, no jerking			
5	Gauges & Warning Lights — all functional, no warnings			
6	Horn — sounds clearly			
7	Transmission — shifts smoothly, no grinding			
8	Mast Operation — raises, lowers, tilts smoothly (forklift)			
9	Boom Operation — extends, retracts, articulates (if applicable)			
10	Attachment Operation — functional (if applicable)			
11	Engine Performance — no unusual sounds, smoke, or vibration			
12	Exhaust System — no excessive smoke or unusual odor			

DEFICIENCY NOTES & CORRECTIVE ACTIONS

#	Deficiency Description	Corrective Action Taken
1		
2		
3		
4		
5		

EQUIPMENT STATUS DETERMINATION

☐ SAFE TO OPERATE — All items pass; no deficiencies found
 ☐ DO NOT OPERATE — Deficiencies found

SIGNATURES

Operator Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____

IMPORTANT: Do not operate equipment with any failed items until deficiencies are corrected. Report all deficiencies to your supervisor. If deficiencies are found, operators shall not operate a truck that is in need of repair when it is found to be unsafe.

ION

Notes / Deficiency

Notes / Deficiency

Status

und; equipment tagged out of se

--

or immediately. Per 29 CFR 1910.178(q)



Company:		Location:	
Inspector:		Date:	

Cylinder ID	Gas Type	Valve Cap On (Y/N)	Secured Upright (Y/N)

FORBES SAFETY SOLUTIONS

COMPRESSED GAS CYLINDER INSPECTION LOG

Reference: 29 CFR 1926.350 | CGA P-1

FORBES SAFETY SOLUTIONS

COMPRESSED GAS CYLINDER INSPECTION LOG

Reference: 29 CFR 1926.350 | CGA P-1

FORBES SAFETY SOLUTIONS

COMPRESSED GAS CYLINDER INSPECTION LOG

Reference: 29 CFR 1926.350 | CGA P-1

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[illegible]

General Storage Requirements

- Store cylinders in a well-ventilated, dry area away from heat sources
- Keep cylinders upright and secured with chains, straps, or a proper rack
- Valve protection caps must be in place when cylinders are not in use
- Separate oxygen from fuel gas cylinders by 20 feet or a 5-ft noncombustible barrier
- Mark empty cylinders clearly with 'MT' or 'EMPTY' tags
- Never store cylinders near electrical panels or in confined spaces
- Post 'No Smoking' signs in cylinder storage areas

Handling & Transportation

- Never lift cylinders by the valve or cap
- Use proper cylinder carts/dollies for transport
- Close valves when cylinders are not in use, even momentarily
- Never use damaged, corroded, or leaking cylinders
- Do not drag, slide, or roll cylinders on their sides
- Never tamper with pressure relief devices

Hydrostatic Testing

- Cylinders must have current hydrostatic test dates (typically every 5 or 10 years per DOT/TC)
- Do not use cylinders past their test expiration date
- Return expired cylinders to the gas supplier for testing or replacement

Inspection Criteria

- Check for dents, bulges, gouges, cuts, or excessive corrosion
- Verify label legibility - gas type, hazard warnings, test date must be readable
- Inspect valve threads for damage or cross-threading
- Look for arc burns or torch damage on cylinder body
- Verify proper regulator and hose connections for in-use cylinders

Emergency Procedures

- If a leak is detected, move cylinder to a well-ventilated area if safe to do so
- For flammable gas leaks, eliminate ignition sources and evacuate area
- Contact the gas supplier for leaking cylinders that cannot be corrected
- In case of fire involving cylinders, evacuate and call emergency services

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FORBES SAFETY SOLUTIONS

Portable Generator Inspection Checklist

Ref: 29 CFR 1926.405, OSHA/NIOSH Generator Safety

Company: _____
Make/Model: _____
Inspector: _____

Generator ID: _____
Date: _____

#	Inspection Item	Status
1	Fuel level adequate, no leaks	
2	Oil level within operating range	
3	Coolant level adequate (if applicable)	
4	Air filter — clean, undamaged	
5	Exhaust system — no damage or leaks	
6	Grounding rod and conductor — connected	
7	GFCI protection on all outlets — functional	
8	Electrical connections and cords — no damage	
9	Emergency stop — accessible and functional	
10	Placement — 20+ ft from buildings, outdoors only	
11	CO monitor — present and functional nearby	
12	Fire extinguisher — nearby and charged	

Overall Status: _____

Inspector Signature: _____

Notes

Date:

HARNESS & LANYARD INSPECTION LOG

Company Name _____

Inspector Nam

[illegible]

[illegible]

Webbing Condition

Stitching Condition

D-Rings / Hardware

Buckles / Grommets

Labels Legible

Lanyard Condition

SRL (Self-Retracting Lifeline)

Shock Absorber Pack

IMPORTANT REMINDERS:



ARNESS & LANYARD INSPECTION GUIDE

Inspect for Each Component — Per OSHA & Manufacturer Guidelines

• Look for cuts, frays, abrasions, or pulled stitches
• Check for chemical damage (discoloration, stiffness, softening)
• Inspect for UV degradation (fading, chalky texture)
• Check for heat/burn damage (hard, shiny spots)
• Verify no knotting or unauthorized modifications

• All stitching intact with no broken, pulled, or cut threads
• Check load-bearing stitch patterns at connection points
• Look for stitching that has pulled through webbing
• Verify contrasting-color thread visible (indicates load indicators)

• Check for cracks, distortion, or sharp edges
• Verify D-ring pivots freely (not seized or corroded)
• Inspect for excessive wear or pitting
• Back D-ring, front D-ring, and side D-rings if applicable
• Check that all rivets and grommets are secure

• Tongue buckles: check for distortion, loose tongue, proper engagement
• Quick-connect buckles: verify positive locking and release function
• Check for cracks, corrosion, or excessive wear
• Ensure friction buckles hold webbing securely
• Grommets not pulled loose or distorted

• Manufacturer name and address visible
• Date of manufacture readable
• Model/part number legible

- ANSI/OSHA compliance markings present
- Weight capacity rating visible
- If labels missing/unreadable — REMOVE FROM SERVICE

- Inspect full length for cuts, abrasion, kinks, or knots
- Check snap hooks for gate operation, lock function, and corrosion
- Verify snap hook gate closes fully and locks automatically
- Check for any evidence of deployment (shock absorber activation)
- Web lanyards: check stitching and webbing per above
- Wire rope lanyards: check for broken wires, kinks, corrosion

- Check housing for cracks, dents, or damage
- Verify line retracts smoothly under slight tension
- Test locking mechanism by sharp pull
- Inspect cable/webbing for damage at exit point
- Check hook/carabiner for proper gate function
- Verify fall indicator has not been deployed

- Check outer cover/pack for damage, tears, or openings
- Verify deployment indicators have NOT been activated
- Any sign of deployment = IMMEDIATE removal from service
- Check that pack is properly attached to lanyard
- Look for elongation or stretching of pack

5

Inspect ALL fall protection equipment BEFORE EACH USE per 29 CFR 1926.502(d).

Equipment involved in a fall arrest event MUST be immediately removed from service.

Equipment showing any defect MUST be tagged 'OUT OF SERVICE' and removed immediately.

Only the manufacturer or a qualified person may repair fall protection equipment.

Never use equipment beyond manufacturer's recommended service life.

Maintain inspection records for the lifetime of each piece of equipment.

Competent person must perform inspections — training documentation required.

LADDER INSPECTION LOG | 29 CFR 1926.1053

Date: _____

Inspection Frequency:

Reference: 29 CFR 1926.1053 — Ladders | Forbes Safety Solutions | Template generated 03/15/2026

FORBES SAFETY SOLUTIONS

LADDER INSPECTION GUIDE | 29 CFR 1926.1053

Component	What to Inspect
Rails (Side Rails)	Check both side rails for cracks, bends, dents, or corrosion. Verify rails are straight and free of sharp edges. Inspect for heat damage or chemical exposure damage.
Rungs / Steps	Test each rung for tightness — twist and push. Check for bends, cracks, grease, or slippery surfaces. Verify anti-slip material is intact. Check rung spacing is uniform.
Spreaders / Locks (Stepladders)	Open and close spreader arms. Verify locking mechanism engages fully. Check spreader braces and rivets for damage.
Feet / Shoes (Safety Feet)	Inspect rubber or pivoting feet for wear, cracks, or missing pads. Verify feet swivel freely and grip surfaces. Check for debris buildup.
Labels / Markings	Verify duty rating label is legible. Check for ANSI/OSHA compliance stickers. Confirm weight capacity, type rating, and warning labels are readable.
Rope & Pulley (Extension Ladders)	Inspect rope for fraying, cuts, or UV damage. Test pulley for smooth operation. Check rope attachment points and knots. Verify locks engage at each rung.
Hardware (Rivets, Bolts, Nuts)	Check all rivets for looseness or shearing. Inspect bolts and nuts for tightness. Look for missing hardware.
Overall Structure	Set ladder on flat surface — check for wobble or twist. Open fully and verify stability. Check for signs of overloading (permanent deformation).

IMPORTANT REMINDERS

- Ladders must be inspected before each use by the user AND periodically by a competent person.
- Defective ladders must be tagged "DO NOT USE" and removed from service immediately.
- Never attempt to repair a damaged ladder — remove from service and replace.
- Portable ladders must support at least 4x the maximum intended load (OSHA requirement).
- Extension ladders must extend 3 feet above the landing surface.
- Maintain 3-point contact at all times when climbing.
- Set extension ladders at a 4:1 ratio (1 foot out for every 4 feet of height).
- Metal ladders must NOT be used near exposed electrical conductors.

Reference: 29 CFR 1926.1053 | Forbes Safety Solutions | General

Failure Criteria (Remove from Service)

Cracked, bent, or split rails; excessive corrosion or pitting; broken welds; evidence of heat damage; fiberglass rails showing exposed glass fibers

Loose, bent, broken, or missing rungs; damaged anti-slip surface; excessive grease/oil that cannot be cleaned; rung-to-rail connection compromised

Spreader does not lock fully open; broken or bent spreader arms; missing or damaged rivets; spreader allows ladder to fold during use

Missing, worn smooth, cracked, or hardened foot pads; feet do not pivot or grip; broken foot bracket

Duty rating label missing or illegible; safety warning labels destroyed; unable to determine ladder's weight capacity or type classification

Frayed, cut, or rotted rope; seized or broken pulley; rope attachment failure; rung locks do not engage or hold under load

Loose, missing, or sheared rivets; missing bolts or nuts; hardware corroded beyond function

Ladder wobbles, twists, or leans; permanent bowing or warping; evidence of repair with unauthorized methods (tape, wire, etc.)



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Reference: 29 CFR 1926.251 | *Inspect slings before each use per OSHA requirements*

Generated: 2026-03-16 | Forbes Safety Solutions

FORBES SAFETY SOLUTIONS
RIGGING & SLING INSPECTION LOG

Reference: 29 CFR 1926.251

[illegible][illegible]

[illegible]

FORBES SAFETY SOLUTIONS

SLING REMOVAL CRITERIA BY TYPE

Reference: 29 CFR 1926.251 | ASME B30.9

Wire Rope Slings

- X REMOVE FROM SERVICE: Ten randomly distributed broken wires in one rope lay, or five broken wires in one rope lay
- X REMOVE FROM SERVICE: Wear or scraping of one-third the original diameter of outside individual wires
- X REMOVE FROM SERVICE: Kinking, crushing, bird caging, or any other damage resulting in distortion of the rope
- X REMOVE FROM SERVICE: Evidence of heat damage
- X REMOVE FROM SERVICE: End attachments that are cracked, deformed, or worn
- X REMOVE FROM SERVICE: Hooks that have been opened more than 15% of the normal throat opening or twisted
- X REMOVE FROM SERVICE: Corrosion of the rope or end attachments
- X REMOVE FROM SERVICE: Missing or illegible identification tag

Synthetic Web Slings

- X REMOVE FROM SERVICE: Acid or caustic burns
- X REMOVE FROM SERVICE: Melting or charring of any part of the sling surface
- X REMOVE FROM SERVICE: Snags, punctures, tears, or cuts
- X REMOVE FROM SERVICE: Broken or worn stitching in load-bearing splices
- X REMOVE FROM SERVICE: Excessive abrasive wear
- X REMOVE FROM SERVICE: Knots in any part of the sling
- X REMOVE FROM SERVICE: Excessive pitting or corrosion, or lack of corrosion resistance on fittings
- X REMOVE FROM SERVICE: Distortion, excessive pitting, corrosion, cracking, or twisting of fittings
- X REMOVE FROM SERVICE: Missing or illegible sling identification

Chain Slings

- X REMOVE FROM SERVICE: Wear exceeding the allowance listed in ASME B30.9 (varies by chain size)
- X REMOVE FROM SERVICE: Stretch exceeding 3% of original chain length (measure 10-link section)
- X REMOVE FROM SERVICE: Nicks, gouges, or cracks in any link
- X REMOVE FROM SERVICE: Bent, twisted, or elongated links or fittings
- X REMOVE FROM SERVICE: Evidence of heat damage (discoloration/scaling)

- ✗ REMOVE FROM SERVICE: Excessive pitting or corrosion
- ✗ REMOVE FROM SERVICE: Weld splatter on any link
- ✗ REMOVE FROM SERVICE: Missing or illegible identification tag

Synthetic Round Slings

- ✗ REMOVE FROM SERVICE: Snags, punctures, tears, or cuts exposing core yarns
- ✗ REMOVE FROM SERVICE: Acid or caustic burns
- ✗ REMOVE FROM SERVICE: Evidence of heat damage (melting, charring, glazing)
- ✗ REMOVE FROM SERVICE: Knots in the sling
- ✗ REMOVE FROM SERVICE: Broken or damaged stitching in the cover
- ✗ REMOVE FROM SERVICE: Core yarn showing through cover
- ✗ REMOVE FROM SERVICE: Excessive abrasive wear on the cover
- ✗ REMOVE FROM SERVICE: Missing or illegible tag/label
- ✗ REMOVE FROM SERVICE: Hard or stiff spots indicating internal damage



e strand in one rope lay

ope structure

isted more than 10 degrees



SCAFFOLDING SAFETY INSPECTION CHECKLIST

Forbes Safety Solutions — Per 29 CFR 1926.451-454

Project Name:		Date:	
Location:		Time:	
Inspector Name:		Weather:	
Scaffold ID / Tag #:		Scaffold Type:	

FOUNDATION & BASE

#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
1	Mudsills or adequate firm foundation in place		
2	Base plates installed on all legs		
3	Scaffold is plumb (vertical)		
4	Scaffold is level (horizontal)		
5	Screw jacks adjusted properly (not extended past limit)		
6	Scaffold positioned on stable, compacted ground		
7	No undermining or erosion at base		

STRUCTURE & FRAMING

#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
8	Cross bracing installed on both sides at each level		
9	All brace connections secure and pinned		
10	Horizontal bracing / bearers properly installed		
11	Frames properly stacked and aligned		
12	Coupling pins in place at all frame connections		
13	Scaffold tied to structure at required intervals		
14	Tie-in connections secure and adequate		
15	No visible damage to frames, braces, or components		
16	All components are from the same manufacturer or certified compatible		

PLANKING & DECKING

#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
17	Planks are scaffold-grade lumber or manufactured scaffold planks		
18	Planks extend 6" beyond supports (max 12")		
19	Planks overlap minimum 12" over supports		
20	No gaps greater than 1" between planks		

21	Planks secured to prevent displacement		
22	Planks not cracked, split, or visibly damaged		
23	Platform fully planked between guardrails		
24	No makeshift planking materials used		

ACCESS

#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
25	Safe access provided (ladder, stairway, ramp, or integral access)		
26	Access ladder extends 3 feet above platform level		
27	Ladder rungs evenly spaced and in good condition		
28	Stair rails installed on open sides of stairways		
29	Access gates or chains at ladder openings		
30	Cross braces not used as access		

FALL PROTECTION

#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
31	Top rail installed at 38" to 45" above platform		
32	Mid-rail installed at approximately mid-height		
33	Toeboards installed (min 3.5" high) on all open sides		
34	Guardrail system on all open sides and ends		
35	Personal fall arrest system available if required		
36	All fall protection hardware in good condition		
37	Screen/mesh installed where required (pedestrian traffic below)		

ELECTRICAL HAZARDS

#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
38	Scaffold positioned minimum safe distance from power lines		
39	Power lines de-energized or insulated where required		
40	No electrical cords running through scaffold structure unsafely		
41	Ground-fault protection for tools used on scaffold		
42	Lightning risk assessed (suspend work if storms approach)		

LOAD CAPACITY & MATERIALS

#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
43	Load capacity posted and visible on scaffold		
44	Scaffold not overloaded beyond rated capacity		
45	Materials neatly organized and secured on platform		
46	No accumulation of debris or unnecessary materials		
47	Counterweights (if suspended scaffold) properly installed and secured		
48	Outriggers extended and secured (if mobile scaffold)		

MOBILE SCAFFOLD — ADDITIONAL ITEMS			
#	Inspection Item	Pass/Fail/N/A	Comments / Corrective Action
49	Casters locked when scaffold is in use		
50	Casters on firm, level surface		
51	No workers on platform during movement		
52	Height-to-base ratio does not exceed 3:1 (outdoors) or 4:1 (indoors)		
53	All tools and materials secured before moving		
54	Push/pull force applied at or near base		

INSPECTION RESULTS SUMMARY	
Total Items Inspected	8
Items Passed	0
Items Failed	0
Items N/A	0
Pass Rate	0.0%

OVERALL SCAFFOLD DISPOSITION	
Scaffold Status:	
Corrective Actions Required:	

COMPETENT PERSON SIGN-OFF (29 CFR 1926.451(f)(3))	
Competent Person Name (Print):	_____
Competent Person Signature:	_____
Date:	_____ Time: _____
Re-Inspection Required?	☐ Yes ☐ No If Yes, Date: _____
Supervisor Notification:	☐ Yes ☐ N/A Supervisor Name: _____

Note: This inspection must be performed by a competent person before each work shift and after any occurrence that could affect scaffold structural integrity (e.g., severe weather, impact). Per 29 CFR 1926.451(f)(3), a competent person must inspect scaffolds and scaffold components for visible defects before each work shift.

FORBES SAFETY SOLUTIONS

EXCAVATION / TRENCH DAILY INSPECTION CHECKLIST

29 CFR 1926 Subpart P | 29 CFR 1926.651 | 29 CFR 1926.652

PROJECT INFORMATION

Company Name: _____ Project Name: _____
Date: _____ Competent Person Name: _____
Job Location: _____ Depth: _____
Width: _____ Soil Classification: _____

⚠ This inspection must be completed by a Competent Person before each shift and after any rain, vibration, or other hazard-increasing event.

#	Inspection Item	Yes / No / N/A	Notes / Corrective Action
1	Utility locates verified (811 completed, marks visible)		
2	Protective system in place (sloping / benching / shoring / shielding — specify type in Notes)		
3	Protective system adequate for soil type and depth		
4	Spoil pile set back minimum 2 feet from trench edge		
5	Means of egress within 25 feet of travel (ladder / ramp / stairs)		
6	Water accumulation controlled (dewatering in place if needed)		
7	No undermining of adjacent structures (buildings, walls, utilities)		
8	Surface encumbrances removed or adequately supported		
9	Atmosphere tested (if >4 feet deep with potential hazardous atmosphere)		
10	Heavy equipment set back from trench edge		
11	Pedestrian and vehicle barriers / barricades in place		
12	Fall protection for workers near edge (above 6 feet)		
13	Adequate lighting for work area		
14	Emergency rescue equipment available and accessible		

DEFICIENCIES & CORRECTIVE ACTIONS

#	Deficiency Description	Corrective Action Taken	Completion Time
---	------------------------	-------------------------	-----------------

1			
2			
3			
4			
5			

COMPETENT PERSON CERTIFICATION

I certify that I have inspected this excavation/trench and all conditions are safe for entry, or all deficiencies have been corrected as noted above.

Print Name): _____

Signature: _____

Date: _____

Time: _____

RE-INSPECTION AFTER EVENT (Rain / Vibration / Other): _____ Time: _____ Initials: _____

FORBES SAFETY SOLUTIONS

Vehicle / Fleet Pre-Trip Inspection

Ref: DOT Pre-Trip Requirements, OSHA General Duty

Company: _____
Make/Model/Year: _____
Date: _____
Odometer: _____

Vehicle ID: _____
License Plate: _____
Driver Name: _____

EXTERIOR INSPECTION

#	Inspection Item	Status
1	Tires — condition and pressure	
2	Headlights — operation	
3	Taillights — operation	
4	Turn signals — operation	
5	Brake lights — operation	
6	Mirrors — condition and adjustment	
7	Windshield and wipers — condition	
8	Body damage — dents, cracks, rust	
9	Fluid leaks — under vehicle	

INTERIOR / SAFETY EQUIPMENT INSPECTION

#	Inspection Item	Status
10	Seatbelts — condition and operation	
11	Horn — operation	
12	Gauges / dashboard indicators	
13	Steering — operation, free play	
14	Brakes — service brake operation	
15	Parking brake — holds on incline	
16	AC / Heater — operation	
17	Fire extinguisher — present, charged	
18	First aid kit — present, stocked	
19	Emergency triangles / reflective kit	

Driver Signature: _____
Supervisor Review: _____

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Deficiency Notes

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Deficiency Notes

Date:

WEEKLY SAFETY OBSERVATION TRACKER

Forbes Safety Solutions

Week Of:		Project:		Observer:					
#	Date	Time	Location	Trade / Crew	Observation Type	Category	Description	Immediate Action Taken	Follow-Up Required
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

24									
25									

WEEKLY OBSERVATION DASHBOARD

Forbes Safety Solutions

KEY METRICS

Total Observations	0
Safe Acts Observed	0
At-Risk Acts Observed	0
Unsafe Conditions Found	0
Follow-Ups Required	0
Safe Observation Rate	0.0%

OBSERVATIONS BY TYPE

Observation Type
Safe Act
At-Risk Act
Unsafe Condition

OBSERVATIONS BY CATEGORY

Category	Safe Acts	At-Risk	Unsafe Cond.	Total
PPE	0	0	0	0
Housekeeping	0	0	0	0
Fall Protection	0	0	0	0
Tools & Equipment	0	0	0	0
Communication	0	0	0	0
Ergonomics	0	0	0	0
Other	0	0	0	0
TOTAL	0	0	0	0

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INSTRUCTIONS — Weekly Safety Observation Tracker

Forbes Safety Solutions

PURPOSE

This tracker captures safety observations made during site walks and work activities.

Regular observation tracking helps identify patterns, reinforce safe behaviors, and address risks.

The goal is to observe and document both safe and at-risk behaviors throughout the week.

HOW TO USE

1. Open the 'Observations' sheet and fill in the Week Of, Project, and Observer name.

2. Each time you observe a safety-related behavior or condition, log it as a new row.

3. Select the Observation Type from the dropdown:

- Safe Act — Worker following proper safety procedures
- At-Risk Act — Worker engaging in behavior that could lead to injury
- Unsafe Condition — Environmental or equipment hazard identified

4. Select the appropriate Category from the dropdown.

5. Describe what you observed in the Description column.

6. Note any immediate action taken (conversation, correction, etc.).

7. Mark Follow-Up Required as 'Y' if the issue needs further action beyond the immediate response.

8. Review the Dashboard sheet for automated summary statistics.

OBSERVATION CATEGORIES EXPLAINED

PE — Personal Protective Equipment use: hard hats, glasses, gloves, vests, boots, hearing protection.

Housekeeping — Work area cleanliness, material storage, waste management, walkway clearance.

Fall Protection — Guardrails, harnesses, ladders, scaffolding, floor openings, elevated work.

Tools & Equipment — Proper tool use, equipment condition, guarding, maintenance, inspections.

Communication — Signage, barricades, safety meetings, hazard communication, radio/signal use.

Ergonomics — Lifting techniques, repetitive motions, awkward postures, material handling.

Other — Any safety observation not covered by the categories above.

DASHBOARD

The Dashboard automatically calculates observation totals, safe vs. at-risk ratios, and category breakdowns.

Horizontal bar charts provide quick visual comparison of observation counts across categories.

The Safe Observation Rate highlights green at 80%+ and red below 80%.

o manual entry is needed on the Dashboard — all values are formula-driven.

BEST PRACTICES

im for a minimum of 5 observations per day during active construction.

arget an 80% or higher Safe Observation Rate — focus on catching people doing things RIGHT.

se observations as coaching opportunities, not punitive documentation.

are weekly summaries at toolbox talks to reinforce positive safety culture.

ack trends over multiple weeks to identify recurring issues.

WELDING EQUIPMENT DAILY

Forbes Safety Soluti

Ref: 29 CFR 1926.35

Company:	
Welder Name:	
Date:	
Equipment ID:	

INSPECTION ITEM

#	Inspection Item	Status (Pass/Fail)
1	Welding machine — general condition	
2	Cables/Leads — no damage, proper insulation	
3	Ground clamp — secure and functional	
4	Electrode holder — condition	
5	Gas cylinders — secured and upright	
6	Regulator/Flowmeter — functioning properly	
7	Hoses — no leaks or damage	
8	Ventilation equipment — operational	
9	Welding screens/curtains — in place	
10	Fire extinguisher — present and charged	
11	PPE available and in good condition	

WELDER SIGN-OFF

Welder Signature:	
Date:	

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INSPECTION LOG

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Notes / Deficiency

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CONFINED SPACE ENTR

Forbes Safety Solutic

Ref: 29 CFR 1910.146 | 29 CFR 1920.106

Company:	
Space ID / Location:	
Date:	
Time In:	
Time Out:	
Purpose of Entry:	

PRE-ENTRY CHECK

#	Pre-Entry Item	Yes	No	N/A
1	Space isolated (lockout/tagout)?			
2	Atmosphere tested?			
3	Ventilation in place?			
4	Rescue equipment staged?			
5	Communication established?			
6	Entry supervisor briefed crew?			

ATMOSPHERIC MONI'

Acceptable Limits: O₂ 19.5–23.5% | LEL <10% | CO <25 ppm | H₂S <10 ppm

[illegible]

PERSONNEL

Entry Supervisor:	
Attendant(s):	
Entrant(s):	

EMERGENCY CONTACTS & RESCUE

Emergency Contact Name/Phone:	
Rescue Service:	
Rescue Service Phone:	
Nearest Hospital:	

PERMIT CANCELLATION

Reason for Cancellation:	
Time of Cancellation:	
Cancelled By (Signature):	
Date:	

DAY PERMIT

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TEACHING

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RESCUE SERVICE

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Our Standard

FORBES SAFETY SOLUTIONS

EXCAVATION PERMIT

Reference: 29 CFR 1926 Subpart P

PROJECT INFORMATION

Company:		Project Name:
Location:		Permit #:
Date Issued:		Competent Person:

EXCAVATION DETAILS

Excavation Purpose:	
Depth (ft):	Length (ft):
Soil Classification:	Protective System:

PRE-EXCAVATION CHECKLIST

#	Checklist Item	Yes
1	811/One-Call utility locate request complete?	
2	Locate marks valid (less than 30 days old)?	
3	Underground utility map reviewed?	
4	Competent person designated and on-site?	
5	Protective system designed for soil conditions?	
6	Means of egress provided (ladder within 25 ft of travel)?	
7	Traffic control plan in place?	
8	Adjacent structures assessed for stability?	
9	Spoil pile placed minimum 2 ft from edge?	
10	Surface water controls / dewatering plan in place?	
11	Warning system for mobile equipment established?	
12	Personal protective equipment available?	

ATMOSPHERIC MONITORING (Required if depth > 4 ft with potential hazardous atmosphere)

Parameter	Action Level	Reading 1	Time
Oxygen (O ₂)	19.5% - 23.5%		
LEL (Combustible Gas)	< 10% LEL		
Carbon Monoxide (CO)	< 35 ppm		
Hydrogen Sulfide (H ₂ S)	< 10 ppm		
Monitoring Instrument:			

PERMIT VALIDITY

Valid From:		Valid To:
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This permit must be renewed if conditions change (weather, soil, adjacent work, etc.)

AUTHORIZATION SIGNATURES

Competent Person:	Print Name:	
Project Supervisor:	Print Name:	
Safety Manager:	Print Name:	

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Width (ft):			

No	N/A	Comments

Reading 2	Time	Reading 3	Time
Calibration Date:			

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Signature:		Date:	
Signature:		Date:	
Signature:		Date:	

HOT WORK PERMIT

Forbes Safety Solutions

Ref: 29 CFR 1926.352 | NFPA 51B



THIS PERMIT IS VALID FOR A SINGLE SHIFT

Company:	
Location:	
Date:	
Time Start:	
Time End:	
Type of Hot Work:	(Welding / Cutting / Brazing / Grinding / Other)

PRE-WORK SAFETY CHECKLIST

#	Checklist Item	Yes	No	N/A
1	Fire watch assigned?			
2	Fire extinguisher within 20 ft?			
3	Combustibles removed/covered within 35 ft?			
4	Sprinkler system working?			
5	Floors swept of debris?			
6	Openings/cracks in walls/floors covered?			
7	Ventilation adequate?			

FIRE WATCH

Fire Watch Name:	
Fire Watch Duration:	
Post-Work Fire Watch (min 30 min):	
Fire Watch Completion Sign-Off:	

Note: Fire watch must continue for a minimum of 30 minutes after hot work is completed.

AUTHORIZATION SIGNATURES

Requester Name:		Signature:
Issuer (Safety/Supervisor):		Signature:
Fire Watch:		Signature:

THIS PERMIT EXPIRES AT THE END OF THE CURRI

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	Notes





	Date: _____
	Date: _____
	Date: _____

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52-Week Toolbox Talk Calendar

Forbes Safety Solutions — [Company Name] — Year: _____

Week #	Date	Topic	Category	Presenter	# Attendees	Status
1		New Year Safety Kickoff & Goal Setting	General Safety			
2		Slips, Trips, and Falls Prevention	Fall Protection			
3		Proper Use of PPE	PPE			
4		Cold Stress — Hypothermia & Frostbite	Heat/Cold Stress			
5		Electrical Safety Basics	Electrical			
6		Lockout/Tagout (LOTO) Procedures	Lockout Tagout			
7		Excavation & Trenching Safety	Excavation			
8		Ladder Safety — Setup and Use	Ladders			
9		Hand Tool Safety	Hand/Power Tools			
10		Housekeeping on the Jobsite	Housekeeping			
11		Fire Extinguisher Use (PASS Method)	Fire Prevention			
12		Scaffolding Safety Fundamentals	Scaffolding			
13		Hazard Communication (HazCom/GHS)	HazCom			
14		Silica Dust Exposure Prevention	Silica			
15		Hearing Conservation	PPE			
16		Rigging & Crane Signal Safety	Rigging			
17		Confined Space Entry Awareness	Confined Space			
18		Power Tool Safety	Hand/Power Tools			
19		Spring Weather Hazards — Lightning & Wind	General Safety			
20		Fall Protection — Harness Inspection	Fall Protection			
21		Ergonomics — Lifting Techniques	Ergonomics			
22		Driving Safety & Distracted Driving	Driving			
23		Aerial Lift & Boom Safety	Fall Protection			
24		Heat Illness Prevention — Water, Rest, Shade	Heat/Cold Stress			
25		Struck-By Hazard Awareness	General Safety			
26		Caught-In/Between Hazard Prevention	General Safety			

27		Respiratory Protection	PPE			
28		Concrete & Masonry Safety	General Safety			
29		Heat Stress — Recognizing Symptoms	Heat/Cold Stress			
30		Steel Erection Safety	General Safety			
31		Eye & Face Protection	PPE			
32		Back Injury Prevention	Ergonomics			
33		Welding & Cutting Safety	Fire Prevention			
34		Forklift/Heavy Equipment Safety	Driving			
35		Electrical — Ground Fault Protection (GFCI)	Electrical			
36		Scaffold Erection & Dismantling	Scaffolding			
37		Fall Protection — Guardrails & Safety Nets	Fall Protection			
38		Chemical Spill Response	HazCom			
39		Bloodborne Pathogens Awareness	General Safety			
40		Asbestos Awareness	General Safety			
41		Lead Exposure Prevention	General Safety			
42		Hand & Finger Safety	PPE			
43		Compressed Gas Cylinder Safety	Fire Prevention			
44		Stairways & Stairway Safety	Fall Protection			
45		Emergency Action Plans & Evacuation	Fire Prevention			
46		Crane & Hoist Safety	Rigging			
47		Excavation — Soil Classification	Excavation			
48		Lockout/Tagout — Equipment-Specific	Lockout Tagout			
49		Winter Driving & Cold Weather Prep	Driving			
50		Housekeeping — Year-End Cleanup	Housekeeping			
51		Incident Reporting & Near-Miss Awareness	General Safety			
52		Year-End Safety Review & Lessons Learned	General Safety			

Toolbox Talk Attendance

Forbes Safety Solutions

Date:

Topic:

Project/Site:

#	Print Name	Company / Employer	Trade / Title		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

26					
27					
28					
29					
30					

Total Attendees: 0

ns

Presenter:

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Signature

Toolbox Talk Dashboard

Forbes Safety Solutions — Performance Tracker

Key Performance Indicators		
Talks Completed	0	
Talks Planned (Total)	52	
Completion Rate	0.0%	
Talks Missed	0	
Talks Upcoming	0	
Talks Rescheduled	0	
Average Attendance per Talk	0.0	
Total Attendance (All Talks)	0	

Talks by Category			
Category	Planned	Completed	Completion %
Fall Protection	5	0	0%
Electrical	2	0	0%
Excavation	2	0	0%
PPE	5	0	0%
Heat/Cold Stress	3	0	0%
Housekeeping	2	0	0%
Rigging	2	0	0%
Confined Space	1	0	0%
HazCom	2	0	0%
Fire Prevention	4	0	0%
Scaffolding	2	0	0%
Ladders	1	0	0%
Silica	1	0	0%
Hand/Power Tools	2	0	0%
Driving	3	0	0%
Lockout Tagout	2	0	0%
Ergonomics	2	0	0%
General Safety	11	0	0%



Toolbox Talk Topic Library

Forbes Safety Solutions — 100+ Topics for Future Reference

#	Topic	Category
1	Fall Protection — Guardrail Systems	Fall Protection
2	Fall Protection — Personal Fall Arrest Systems	Fall Protection
3	Fall Protection — Safety Net Systems	Fall Protection
4	Fall Protection — Leading Edge Work	Fall Protection
5	Fall Protection — Hole Covers	Fall Protection
6	Aerial Lift Safety	Fall Protection
7	Roofing Safety	Fall Protection
8	Ladder Safety — Portable Ladders	Ladders
9	Ladder Safety — Fixed Ladders	Ladders
10	Stairway Safety	Ladders
11	Scaffold Types and Applications	Scaffolding
12	Scaffold Erection and Dismantling	Scaffolding
13	Scaffold Inspection by Competent Person	Scaffolding
14	Suspended Scaffolds	Scaffolding
15	Mobile Scaffolds / Rolling Towers	Scaffolding
16	Excavation Safety — Cave-In Prevention	Excavation
17	Excavation — Sloping & Benching	Excavation
18	Excavation — Shoring & Shielding	Excavation
19	Excavation — Soil Classification	Excavation
20	Utility Locating Before Excavation	Excavation
21	Electrical Safety — GFCI Protection	Electrical
22	Electrical Safety — Extension Cords	Electrical
23	Electrical Safety — Overhead Power Lines	Electrical
24	Electrical Safety — Arc Flash Awareness	Electrical
25	Lockout/Tagout — General Procedures	Lockout Tagout
26	Lockout/Tagout — Equipment-Specific Procedures	Lockout Tagout
27	Lockout/Tagout — Group Lockout	Lockout Tagout
28	Lockout/Tagout — Periodic Inspections	Lockout Tagout
29	Hard Hat Selection and Care	PPE
30	Eye and Face Protection	PPE
31	Hearing Protection — Earplugs vs Muffs	PPE
32	Respiratory Protection — N95 and Half-Face	PPE
33	Glove Selection by Hazard	PPE
34	High-Visibility Clothing	PPE
35	Foot Protection — Safety Toe Footwear	PPE
36	PPE Inspection and Replacement	PPE
37	Heat Illness Prevention — Water, Rest, Shade	Heat/Cold Stress
38	Heat Stroke vs Heat Exhaustion	Heat/Cold Stress
39	Acclimatization to Heat	Heat/Cold Stress
40	Cold Stress — Hypothermia Prevention	Heat/Cold Stress
41	Cold Stress — Frostbite Recognition	Heat/Cold Stress

42	Working in Extreme Weather	Heat/Cold Stress
43	Housekeeping — Clean Work Areas	Housekeeping
44	Housekeeping — Material Storage	Housekeeping
45	Housekeeping — Waste Disposal	Housekeeping
46	Rigging — Sling Inspection	Rigging
47	Rigging — Wire Rope Safety	Rigging
48	Rigging — Crane Hand Signals	Rigging
49	Crane Safety — Pre-Operation Inspection	Rigging
50	Crane Safety — Load Charts	Rigging
51	Confined Space — Permit-Required Entry	Confined Space
52	Confined Space — Atmospheric Testing	Confined Space
53	Confined Space — Rescue Planning	Confined Space
54	Confined Space — Ventilation	Confined Space
55	HazCom — Reading an SDS	HazCom
56	HazCom — GHS Label Elements	HazCom
57	HazCom — Chemical Storage Compatibility	HazCom
58	HazCom — Chemical Spill Response	HazCom
59	Fire Extinguisher Types (A, B, C, D, K)	Fire Prevention
60	Fire Prevention on the Jobsite	Fire Prevention
61	Hot Work Permit Procedures	Fire Prevention
62	Welding and Cutting Safety	Fire Prevention
63	Emergency Action Plans	Fire Prevention
64	Evacuation Routes and Assembly Points	Fire Prevention
65	Silica Exposure — Table 1 Controls	Silica
66	Silica — Exposure Assessment	Silica
67	Silica — Respiratory Protection Requirements	Silica
68	Silica — Medical Surveillance	Silica
69	Hand Tool Safety — Inspection and Use	Hand/Power Tools
70	Power Tool Safety — Guards and Switches	Hand/Power Tools
71	Circular Saw Safety	Hand/Power Tools
72	Powder-Actuated Tools	Hand/Power Tools
73	Pneumatic Tool Safety	Hand/Power Tools
74	Grinder Safety — Wheel Guards and RPM	Hand/Power Tools
75	Defensive Driving	Driving
76	Distracted Driving Prevention	Driving
77	Backing Safety — Spotters and Mirrors	Driving
78	Forklift Safety — Pre-Operation Inspection	Driving
79	Heavy Equipment — Blind Spots	Driving
80	Winter Driving Preparation	Driving
81	Ergonomics — Proper Lifting	Ergonomics
82	Ergonomics — Repetitive Motion Prevention	Ergonomics
83	Ergonomics — Manual Material Handling	Ergonomics
84	Back Injury Prevention	Ergonomics
85	Struck-By Hazards — Flying Objects	General Safety
86	Struck-By Hazards — Falling Objects	General Safety
87	Caught-In/Between Prevention	General Safety

88	Concrete and Masonry Safety	General Safety
89	Steel Erection Safety	General Safety
90	Demolition Safety	General Safety
91	Asbestos Awareness	General Safety
92	Lead Exposure Prevention	General Safety
93	Bloodborne Pathogens	General Safety
94	First Aid and CPR	General Safety
95	Incident Reporting and Near-Miss Awareness	General Safety
96	Job Hazard Analysis (JHA)	General Safety
97	Toolbox Talk Best Practices	General Safety
98	New Employee Safety Orientation	General Safety
99	Subcontractor Safety Coordination	General Safety
100	Drug and Alcohol Awareness	General Safety
101	Fatigue and Alertness	General Safety
102	Mental Health and Suicide Prevention	General Safety
103	Compressed Gas Cylinder Handling	General Safety
104	Flammable Liquid Storage	General Safety
105	Personal Hygiene on Site	General Safety
106	Emergency Communication Procedures	General Safety
107	Traffic Control / Flagging Operations	General Safety
108	Nighttime Work Safety	General Safety
109	Noise Exposure Monitoring	General Safety
110	Crane — Rigging Hardware Inspection	Rigging
111	Scaffold Access — Ladder vs Stairway	Scaffolding

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