



4.0 ACCIDENT – INCIDENT INVESTIGATIONS POLICY

4.1 Purpose

The purpose of this policy and investigating accidents and incidents is to prevent a recurrence of the hazardous condition causing the event. This policy presents a practicable approach to investigating workplace accidents and incidents by emphasizing how to find the root cause(s), conduct an investigation, and make effective recommendations to prevent similar occurrences from ever happening again.

“Insert Company Name Here” will investigate serious accidents as well as any incidents that:

- a. Result in an injury or illness to a worker requiring medical treatment;
- b. Did not involve injury or illness to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury or illness to a worker;
- c. Occur resulting in loss or damage sustained to material, equipment or property.

Accident and Incidents in the workplace will be investigated for the following purposes:

- a. To fulfill legal requirements;
- b. Determine the cause of accidents and incidents;
- c. To ascertain compliance with applicable safety regulations;
- d. To determine the cost of an accident, and
- e. To determine what happened and why, so the steps can be taken to prevent a recurrence.

4.2 Definitions

“Accident” means an unplanned event that interrupts the completion of an activity, and that may (or may not) include injury or property damage.

“Incident” means an unexpected event that did not cause injury or damage this time but had the potential. “Near miss” and “dangerous occurrence” are also terms for an event that could have caused harm but did not.

4.3 Policy

1. The Supervisor, employees and/or the Safety Representative with appropriate training in conducting accident investigations must complete an accident / incident investigation.
2. The following steps shall be taken to adequately complete an incident investigation:



11.0 DISCIPLINARY ACTION POLICY

11.1 Purpose

“Insert Company Name Here” is committed to ensuring the health, safety and well-being of all their employees, contractors, clients and visitors and visitors to their sites.

“Insert Company Name Here” intends to provide a safe workplace for all its employees by:

- a. Developing a comprehensive occupational health, safety and welfare program;
- b. Assigning responsibility for compliance with all aspects of that program;
- c. Continuously identifying hazards in the workplace and either eliminating them or reducing the risk associated with them;
- d. Providing appropriate training, instruction and education;
- e. Enforcing this policy equally among employees, contractors, clients and visitors and visitors.

11.2 Responsibilities

“Insert Company Name Here” will ensure that company employees receive adequate direction, instruction and training in carrying out their duties in a safe and effective manner. Employees will be held responsible for following company rules and safety procedures and taking direction from their supervisor.

11.3 Policy

1. All “Insert Company Name Here” employees must follow all company health and safety rules, safe work procedures and safety policies at all times. No exceptions.
2. Failure to follow company health and safety rules, safe work procedures and safety policies and any violation of these rules, procedures and policies may result in the following disciplinary action:
 - a. **First Offence:** Will result in a verbal warning which still must be logged in the employee’s personal file.
 - b. **Second Offence:** Will result in a written warning from the Supervisor. This letter (written warning) will be put into your employment file.
 - c. **Third Offence:** Will result in suspension (without pay) from work. The amount of “days suspended” from work will depend on the nature of the safety infraction.
 - d. **Fourth Offence:** Will result in immediate termination from employment.



12.7 Follow Up

1. All investigations of alleged bullying and harassment will be followed up and documented.
2. Follow up will include a description of corrective actions, a time frame, and a means for dealing with adverse symptoms.
3. The complainant(s) will be advised of the outcomes and options available. These could include assistance programs, training and discipline.

12.8 Training

1. Training for supervisors and workers will include the following:
 - a. How to recognize bullying and harassment.
 - b. How staff who experience or witness bullying and harassment should respond.
 - c. Procedures for reporting, and how the employer follows up with incidents or complaints of bullying and harassment.
 - d. Documents/form review Training will occur as required and will be included in all new and young employee safety orientations.

12.9 Examples of Bullying and Harassment

1. Bullying can involve negative physical contact and usually involves repeated incidents or a pattern of behaviour that is intended to intimidate, offend, degrade, or humiliate a particular person or group of people.
2. Personal harassment is a form of discrimination. Harassment occurs when a person or group is subjected (often repeatedly) to any unsolicited, unwelcome, disrespectful or offensive behaviour that has an underlying sexual, bigoted, ethnic or racial connotation and can be typified as:
 - a. Behaviour that is hostile in nature, and/or intends to degrade an individual based on personal attributes, including age, race, nationality, CLAIMS, family status, religion, gender, sexual orientation, and/or any other human rights protected grounds.
 - b. Sexual solicitation or advance made by a person in a position to confer, grant or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome.

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- a. Gas and vapour contaminants (i.e. fuel or paint).
 - b. Oxygen deficiency (air low in oxygen).
 - c. Any of the above hazards in combination.
2. Workers required to wear respiratory equipment must be clean-shaven where the respirator seals with the face.
 3. The company will issue the proper respiratory protection for the task being performed and will provide each worker with a fit test.

Respiratory Protection Examples

Particulate Filter Cartridge Respirator



Half Mask & Full Face Cartridge Respirators (Air Purifying)



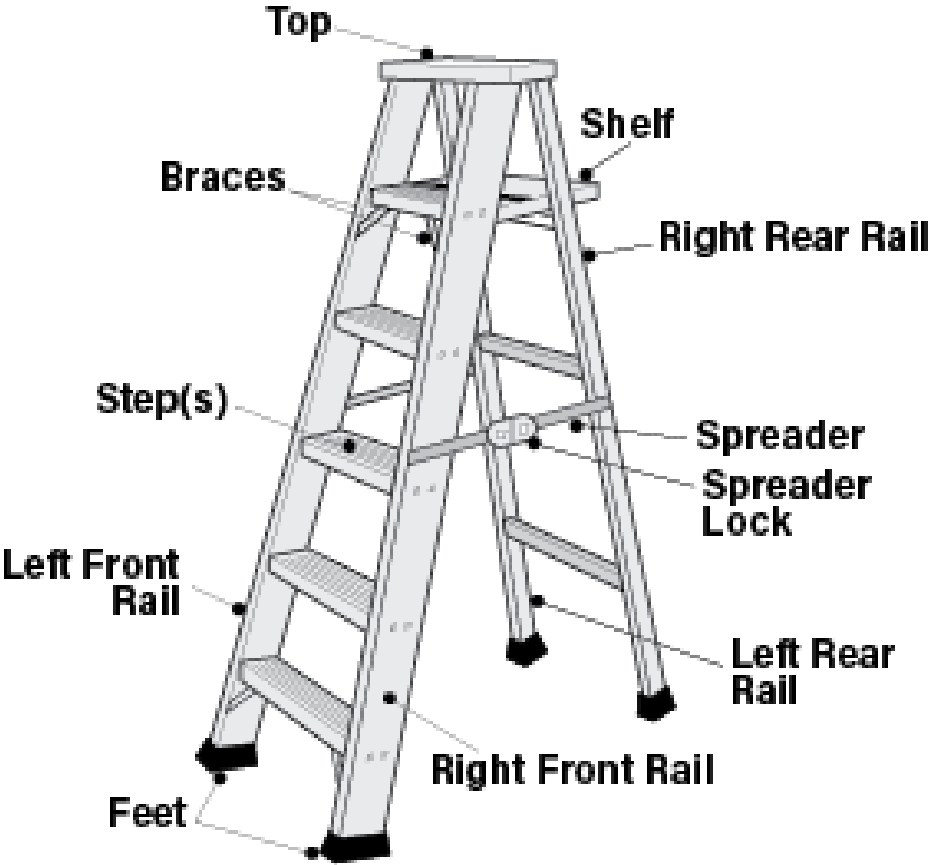
14.11 Fit Test

1. Check for appropriate size of half-mask or full-face respirator (i.e. small, medium, large, x-large).
2. Respirator mask should be adjusted to a comfortable fit that seals with the face.
3. Use the appropriate filter cartridges for the task being performed.
4. *Check positive pressure* – by holding hand on the exhalation valve and asking the worker to exhale as they normally do and ask if they can feel any air leaking where the respirator seals with the face.
5. *Check negative pressure* – by holding hand on the inhalation valves and asking the worker to inhale as they normally do and ask if they can feel any air leaking where the respirator seals with the face.



18.4 Stepladders

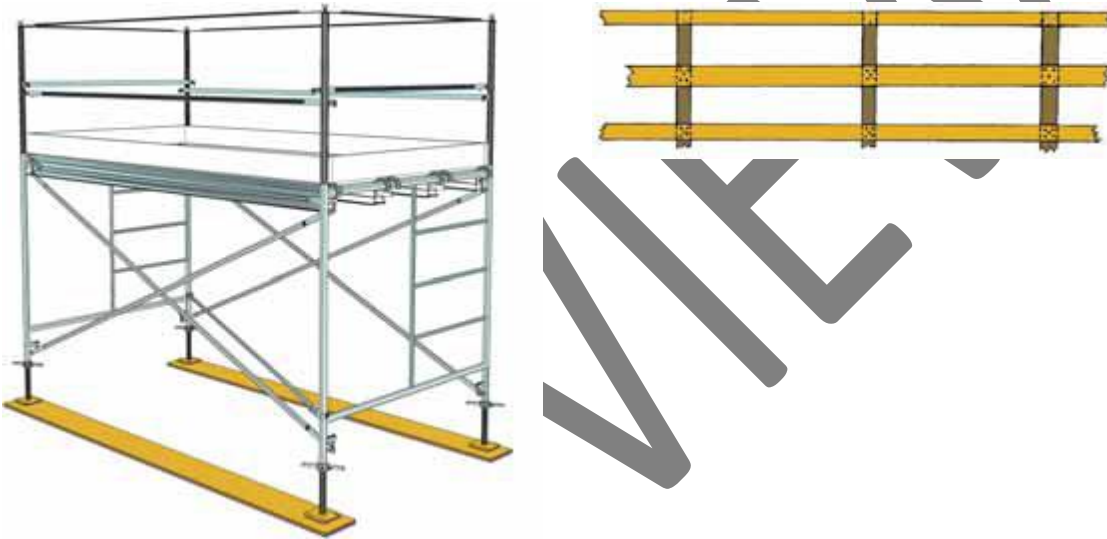
- 1. Use the appropriate stepladder for the job.
- 2. All four legs of a stepladder must be on a firm even surface.
- 3. The spreader arms must be fully extended and in the locked position.
- 4. Do not work off the top two rungs of a stepladder.





19.3 Guardrails for Scaffolds

1. All scaffolds 3 m (10 ft.) or more above grade must have standard guardrails on their open sides. A standard guardrail consists of:
 - a. A top rail approximately 1.1 m (19 in.) above the platform
 - b. An intermediate rail centered at approximately the midpoint of the space between the underside of the top rail and H&D edge of the platform
 - c. Vertical guardrail supports spaced not more than 3 m (10 ft.) apart for wooden scaffolding.
 - d. Standard guardrails must be designed to withstand a static load of 550 N (125 lb.) applied laterally at any point on the top rail.
 - e. Metal guardrail systems must be of height and strength equivalent to a standard guardrail.



19.4 Toe boards for Scaffolds

1. When the scaffold is installed over machinery or adjacent to workers who could be struck by falling material or tools, a toe board will be installed on all the open sides of the scaffold.
2. In the case of blocks or bricks, precautions must be made by either extending the height of the toe board or by installing mesh or similar material in the space between the toe board and the guardrail to prevent an object from falling.
3. The space between the front edge of the scaffold and the building structure must not exceed 30 cm (12 in.).



1. Turn on the equipment to ensure it is running properly, unless instructed otherwise by the Supervisor.
2. Inform the Supervisor immediately when maintenance of machinery or equipment has been completed.

23.7 Multiple Person Lockout

1. Each person working on the machinery or equipment is responsible for locking out the energy-isolating device.
2. Multiple locks can be applied with scissor adaptors.
3. The first worker who applies the lock must make sure the lockout is effective and the equipment will NOT START.
4. When each worker has finished maintenance, the worker removes only his or her own personal lock that was placed on the energy-isolating device.
5. The worker who removes the last lock should check that all workers are in the clear and that the equipment can be safely re-started.

23.8 Group Lockout

1. The group lockout procedure reduces the number of locks required and saves time.
2. The group lockout procedure can be used if a number of workers are working on machinery or equipment, particularly if a large number of energy-isolating devices must be locked out.
3. A written group lockout procedure MUST BE DEVELOPED AHEAD OF TIME and must be posted at the place where the system is in use.
4. TWO QUALIFIED WORKERS can put a personal lock on each energy-isolating device.
5. Their keys MUST be placed in a key-securing system (APPROVED YELLOW LOCKOUT BOX).
6. Each worker who is doing maintenance on the locked-out components must apply a personal lock to the YELLOW LOCKOUT BOX used by the two qualified workers.
7. Each worker shall keep the key for the above locks in his/her possession until successful completion of the work.
8. After finishing the maintenance work, each worker removes his or her personal lock from the YELLOW LOCKOUT BOX.



25.0 CONFINED SPACE ENTRY POLICY

25.1 Purpose

To insure the safety of services personnel by establishing definitions of confined spaces and qualifications for entry

25.2 Scope

This program applies to all “Insert Company Name Here” employees required to enter a confined space.

25.3 Definitions

“Authorized Entry Worker”: In respect of a specific duty, a worker who, because of knowledge, training and experience, is capable of performing that duty safely and properly.

“Blanking”: The absolute closure of a pipe, line, or duct by the fastening of a solid plate that completely covers the bore and that is capable of withstanding the maximum pressure of the pipe, line or duct with leakage beyond the plate.

“Confined Space”: A fully or partially enclosed space that is not primarily designed or intended for human occupancy and in which, because of its construction, location or contents or work activity therein, the accumulation of a hazardous gas, vapour, dust or fume or the creation of an oxygen-deficient atmosphere may occur.

“Confined Space Entry Permit”: The permit that provides authorization to an Authorized Entry Worker to enter a confined space (Program Attachment A).

“Control Plan” A confined space entry and hazard control plan which includes methods, procedures and practices for controlling all hazards identified by an assessment of the hazards to which the confined space entrants may be exposed (Program Attachment B).

“PPM”: Parts per million

“Purging”: Displacing contaminants from a confined space

“Safe Atmosphere”: An atmosphere where:

- (a) the oxygen content of the atmosphere remains at least 19.5% but not more than 23% by volume; and
- (b) the atmospheric concentration of any explosive or flammable gas or vapour does not exceed 10% of the lower explosive limit or 10% of the lower flammable limit of the gas or vapour;

“Retrieval System”: The equipment (including a retrieval line, chest or full body harness, wristlets, if appropriate, and a lifting devise or anchor) used for non-entry rescue of persons from a confined space.

“Tending Worker / Safety Monitor”: A worker outside a confined space that is trained and monitors the activities of the Authorized Entry Worker and who is able to provide assistance to workers occupying the confined space and who is able to summon assistance in order to initiate a rescue of such workers if required.



1. Procedures for transporting injured employees shall be posted conspicuously in the First Aid Room or in the vicinity where the first aid kits are located.
2. All occupational First Aid Attendants shall be informed of the procedures for transport.

9.6 “Insert Company Name Here” First Aid Kits

1. Responsibility for the maintenance of the first aid kits in vehicles shall rest with the Supervisor and/or the First Aid Attendant on shift.
2. The Supervisor or First Aid Attendant shall be responsible for the locations first aid kits and/or first aid station/room.
3. Periodic inspections shall be made to ensure that the first aid kits and first aid rooms are adequately stocked.
4. These items must be kept clean and dry and must be ready to take to the scene of an accident.

9.7 “Insert Company Name Here” First Aid Record Form

1. First Aid Attendants are responsible for recording all injuries and manifestations of disease reported or treated on the “Insert Company Name Here” First Aid Record Form.
2. All “Insert Company Name Here” First Aid Record Forms will be filed and kept on record for a minimum of 3 years.
3. The following information must be recorded on each “Insert Company Name Here” *First Aid Record Form*:
 - a. The full name of the injured worker.
 - b. The date and time of injury or report of illness.
 - c. The date and time the injury or illness was reported to the injured persons Supervisor or First Aid Attendant.
 - d. Name of any witness.
 - e. A description of how the injury occurred.
 - f. A description of the nature of the injury or illness.
 - g. A description of the treatment given, and any arrangements made relating to the injury.
 - h. A description of any subsequent treatment given for the same injury or illness.
 - i. The signature of the attendant or person giving first aid, and where possible, the signature of the employee, visitor, customer or contractor.



16.12 Equipment Inspection and Maintenance

1. Employees of “Insert Company Name Here” are required to thoroughly inspect the fall protection equipment including the connecting linkage, full-body harness or lifeline before each shift or use to ensure that is functional and safe.
2. The inspection must be performed by a competent worker. The components must be inspected according to the manufacturer’s specifications and maintained in good working order. The components must be re-certified as required by the manufacturer.
3. If the inspection indicates that the fall protection equipment is unsafe or damaged then it must be rejected and be removed from service.
4. All defective components of a fall protection system must be discarded safely or repaired by and outsourced provider.
5. “Insert Company Name Here” employees are not allowed at any time to repair the fall arrest systems.
6. If it is determined the component cannot be repaired they must be discarded immediately.
7. After a fall protection system has arrested the fall of a worker. It must be removed from service and not be returned to service until it has been inspected and re-certified as safe for use by the manufacturer or its authorized agent, or by a professional engineer.
8. All components of the fall protection system must be protected from exposure to harsh conditions or substances that could contribute to its deterioration.

16.13 Training

1. “Insert Company Name Here” employees performing work requiring fall protection require training in the fall protection plan and the safe use of the fall protection system before being allowed to work in an area where a fall protection system must be used.
2. All personnel who perform tasks that include the use of fall protection must have the proper combination of experience knowledge and education and be considered competent by their supervisor.
3. A competent worker means adequately qualified suitably trained and with sufficient experience to safety perform work without supervision or with only a minimal degree of supervision. Supervisors must make sure if the worker looks unsure to get the employees to stop and ask questions.
4. Workers are trained in their responsibilities to ensure that the lifeline or lanyard is free of imperfections, knots and splices other than end terminations, is protected by padding where the lifeline or lanyard passes over sharp edges and is protected from heat, flame or abrasive or corrosive materials during use.



21.0 ELECTRICAL SAFETY POLICY

21.1 Purpose

Electricity can be our best friend — or our worst enemy. When handled improperly, electricity can injure or kill. Injuries can range from shock to severe burns. Injuries and fatalities can occur from accidents involving low voltages or from high voltages, usually from contact with high-voltage power lines.

The purpose of this policy is to ensure all “Insert Company Name Here” contractors and/or sub-contractors are aware of the dangers of working around and on energized low-voltage equipment and near high-voltage conductors.

21.2 Policy

1. When work is being done on or near live exposed parts of installations, equipment, or conductors, the workers shall wear the proper personal protective equipment and have a written safe work procedure in place.
2. No employee shall open or close any circuit unless he / she is thoroughly competent and has full knowledge concerning the circuits affected and given ample warning to other workers who may be endangered.
3. The worker shall stand on the opposite side to the hinge of a switch box when opening or closing a circuit.
4. The worker shall never use their bare fingers to determine a live wire.
5. Do not work on conductors until you know the voltage.
6. Do not depend on the insulating cover of wires.
7. Electrical equipment and lines shall always be considered as being “live”. Always test, isolate, and ground prior to your work.
8. The worker shall never use steel rules near energized systems.
9. Never wear jewellery or other metal objects while working on energized systems.
10. Fuse pullers or rubber gloves shall be used to insert or extract fuses.
11. Whenever possible, disconnect and de-energize power before working on any electrical equipment.
12. When it is absolutely necessary to work on or near live "circuits", always place yourself in a position so that a shock or slip will not bring you in contact with live parts (2nd point of contact).



15.5 Potential Emergencies

The following potential emergencies have been identified in hazard assessments

- | | |
|---|-------------------------|
| 1. Fire | 2. Major Chemical Spill |
| 3. Explosion | 4. Earthquake |
| 5. Accidental Release of Toxic Substances | 6. Floods |
| 7. Major Structural Failure | 8. Serious Injury |

15.6 Muster Station (Assembly Point)

In case of emergency evacuation, all employees will safely exit the building(s) through the nearest exit point and assemble at the nearest muster station. It will be the responsibility of the site Supervisor to ensure employees are educated on the location of each muster station on each different work site.

15.7 Muster Station Location

1. The muster station for "Insert Company Name Here" will vary depending upon each worksite.
2. All employees must be educated on the location of the muster station for each location prior to commencing work.
3. The location of the muster station is located:

PREVIEW



9.6 "Insert Company Name Here" OFA Kits

1. Amendments to the OHS Regulation for first aid kits, designations, and training are now aligning with the Canadian Standards Association (CSA). Check the WorkSafeBC Guidelines and CSA Z1220-17, as you will be required to purchase new or update your current kit to the new standards.
2. Current "Personal" first aid kits now must have the contents outlined in CSA Z1220-17 "personal kit".
3. Level 1 First Aid Kits will be required to have items in the CSA Z1220-17 "basic kit (medium)" with a tourniquet and PPE.
4. Level 2 First Aid Kits will need to be amended with the contents listed in CSA Z1220-17 "intermediate kit (medium)" plus the additional PPE noted.
5. Level 3 First Aid Kits will have to be upgraded to include the items noted in CSA Z1220-17 "intermediate kit (medium)" as well as an oxygen therapy kit and the noted PPE.

9.7 "Insert Company Name Here" First Aid Record Form

4. First Aid Attendants are responsible for recording all injuries and manifestations of disease reported or treated on the "Insert Company Name Here" First Aid Record Form.
5. All "Insert Company Name Here" First Aid Record Forms will be filed and kept on record for a minimum of 3 years.
6. The following information must be recorded on each "Insert Company Name Here" *First Aid Record Form*:
 - j. The full name of the injured worker.
 - k. The date and time of injury or report of illness.
 - l. The date and time the injury or illness was reported to the injured persons Supervisor or First Aid Attendant.
 - m. Name of any witness.
 - n. A description of how the injury occurred.
 - o. A description of the nature of the injury or illness.
 - p. A description of the treatment given and any arrangements made relating to the injury.
 - q. A description of any subsequent treatment given for the same injury or illness.
 - r. The signature of the attendant or person giving first aid, and where possible, the signature of the employee, visitor, customer or contractor.



9.8 “Insert Company Name Here” First Aid Assessments

1. Employers will now have a duty to establish their workplace first aid requirements in consultation with their workers and/or the company Joint Health and Safety Committee or health and safety representative.
2. This First Aid Assessment will need to be completed for each workplace the employer has. WorkSafeBC has a worksheet available to help employers fill out the assessment with the right information. Employers will also be required to review First Aid Assessments annually or whenever there is a significant change to the operations.
3. If you dispatch workers to multiple work areas frequently, you may not have to fill out a First Aid Assessment for each jobsite if the first aid requirements are the same for all locations. Check with the WorkSafeBC amended Regulation on Minimum Levels of First Aid and preliminary Guidelines to Occupational First Aid to ensure your due diligence is being met.
4. Schedule 3-A outlines minimum requirements based on factors such as how many workers are present, what the hazard rating is based on the First Aid Assessment, how many first aid attendants are required and their designations, as well as the first aid kits that must be available for use. The tables in Schedule 3-A will be changed and will address four workplace characteristics to determine the required level of first aid attendants, their designations, supplies and facilities:
 - a. Number of workers at the workplace
 - b. Hazard rating assigned to the industry
 - c. Distance from the nearest BC Emergency Health Services (BCEHS) ambulance station. More than 30 minutes travel time under normal conditions is considered “remote”.
 - d. Accessibility of the jobsite if defined as “less accessible” by BCEHS

BC Emergency Health Services (BCEHS) paramedics will now consider the following locations “less accessible” and may refuse to treat injured workers in these areas:

- a. Confined spaces or where there is a risk of entrapment
- b. Underground work
- c. Excavations
- d. Areas only accessible by ladders, scaffold, or temporary work platforms
- e. Work at high angles, or where an unguarded fall hazard exists
- f. Work on or over water
- g. Areas requiring specialized PPE or areas where hazardous atmospheres may exist

9.9 “Insert Company Name Here” First Aid Records

1. Access to First Aid Records shall be restricted to individuals requiring access for reasons of medical treatment, workplace inspection, accident investigation, claims processing and appeals, and for reasons relevant to the workplace health and safety program, including gathering of statistics or as otherwise required by law.



2. Persons with access to first aid records must keep confidential the information contained in the records, except as required for the legitimate purpose of their access or as otherwise required by law.

9.10 WorkSafeBC Form 7 – Employers Report of Injury or Occupational Disease

1. If an injury or an accident has resulted in an employee obtaining medical aid or if time loss has occurred, the Supervisor shall be responsible to complete WorkSafeBC Form 7 (Employers Report of Injury or Occupational Disease)
2. The completed Form 7 must be sent into WorkSafeBC within 72 hours of the worker's injury.

9.11 Authority of First Aid Attendant

1. A First Aid Attendant is in complete charge of first aid treatment of the injured until place of medical treatment is reached, the injured is passed to an Ambulance Service, or responsibility for treatment is accepted by an Physician, a Registered Nurse or a person licensed as an Emergency Medical Assistant.
2. Any personnel shall not overrule the decision of a First Aid Attendant relating to treatment or transport, except by persons listed above.
3. When an employee reports to a First Aid Attendant with an occupational illness or injury requiring first aid treatment, the attendant shall not refer the worker back to work until the attendant is satisfied that the first aid treatment is complete, and the worker is physically capable of returning to work to his/her normal duties.
4. The First Aid Attendant does not have the right to overrule the injured person's decision to seek, refuse or choice of medical attention.



CONFINED SPACE ENTRY PERMIT

NAME OF SPACE:		
DATE OF ENTRY:	TIME ENTRY START:	
DATE OF EXPIRY:	TIME PERMIT EXPIRES:	
NAME OF STANDBY PERSON (1)	TIME START:	TIME STOP:
NAME OF STANDBY PERSON (2)	TIME START:	TIME STOP:

LOCATION OF SPACE:
DESCRIPTION OF SPACE:
DESCRIBE WORK TO BE DONE:

SIGNATURE – CONFINED SPACE SUPERVISOR (1):

SIGNATURE – CONFINED SPACE SUPERVISOR (2) :

ATMOSPHERE: HIGH HAZARD MODERATE HAZARD HIGH HAZARD

COMMUNICATION: RADIO VERBAL VISUAL

LIGHTING : ADEQUATE EXPLOSION PROOF

LOCKOUT REQUIRED: YES NO

If, YES. Lockout – please list all machinery and equipment locked out: _____

- PERSONAL PROTECTIVE EQUIPMENT:**
- STEEL TOE BOOTS
 - RUBBER GLOVES (IMPERMEABLE)
 - RUBBER BOOTS
 - NEOPRENE GLOVES (CHEMICAL)
 - TYVEK COVERALLS (IMPERMEABLE)
 - HALF MASK RESPIRATOR
 - RUBBER COVERALLS (CHEMICAL)
 - ORGANIC VAPOR CARTRIDGES
 - HARD HAT
 - SCBA
 - SAFETY GOGGLES
 - FULL BODY HARNESS / LIFELINE / TRIPOD
 - FACE SHIELD

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AIR MONITOR USED:	CALIBRATION DATE:	CALIBRATION DUE DATE:

TIME:	TESTER INITIALS:	OXYGEN (min 19.5% - max 23%)	FLAMMABLE/ EXPLOSIVE (max <10% of LEL)	CARBON MONOXIDE (max 8hr average <25ppm)	HYDROGEN SULFIDE (ceiling limit <10ppm)	OTHER: _____

I hereby certify that all required hazard controls are in place, that air monitoring is being conducted as required and results show that the atmosphere is acceptable for entry, and that all required information is documented on this permit.

Tester Signature: _____

Date: _____

Write a “/” each time the named worker enters the space. Write a “\” each time the named worker exits the space – **FORMING AN “X” FOR A COMPLETED ENTRY/EXIT (X)**

Standby Person's Signature (1): _____ Standby Person's Signature (2): _____



AERIAL WORK PLATFORM LIFT: PRE-SHIFT INSPECTION CHECKLIST

The pre-shift inspection shall be performed prior to each day's or shift's use of the aerial platform lift by an authorized and trained operator of the lift. Documentation of the inspection shall be maintained by "Insert Company Name Here", with a copy of the most recent inspection document stored on the lift. If there are any of these items that are not satisfactory place the lift out of service and report to your Supervisor immediately.

Make of Lift: _____ Model of lift: _____ Serial #: _____

Operators Name: _____ Date of Inspection: _____

<u>Item Inspected</u>	<u>Okay</u>	<u>Not Okay</u>	<u>N/A</u>
Operating controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel system (leaks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose/missing parts (locking pins/bolts...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires and wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placards and Warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operational Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outriggers/Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrail system and locking gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Operators Signature: _____ Date: _____



FORKLIFT: PRE-SHIFT INSPECTION CHECKLIST

Date: _____ **Supervisor Name:** _____ **Company Name:** _____

Make and Model: _____ **Model #:** _____ **Hour Meter Reading:** _____

BEFORE ENGINE START-UP:

Visual Walk Around Items	OK	NO	Comments:
Walk around inspection (warning decals, capacity plate, etc.)			
Forks/Locking Pins, Carriage, Mast			
Wheels, Tires & Lug Nuts (Condition and Pressure)			
Transmission (Check Oil Levels/Leaks)			
Engine Oil (Check Oil Level/Leaks)			
Fan Belts			
Air Filter			
Radiator (Check Coolant Level/Leaks)			
Hydraulic (Check Oil Level/Leaks)			
Fuel (Level and Secure)			
Over Head Guard			
Seat and Seatbelt			

AFTER ENGINE START-UP:

Engine Start-up Items	OK	NO	Comments:
Engine (Sound Normal?)			
Instrument Panel (Normal Readings?)			
Exhaust System (Leaks or Excessive Smoke?)			
Wipers and Lights (Do They Work?)			
Horn and Back-up Alarm (Do They Work?)			
Check all Hydraulic Controls (lift/lower system, tilt, side-shifter, etc)			
Transmission and Clutch (Direction and Speed Control)			
Brakes (Emergency Brake and Service Brakes)			
Steering			

Additional Comments (REPORT ANY DEFECTS TO YOUR SUPERVISOR IMMEDIATELY!):

Operator Name: _____

Operator Signature: _____