



**2012 SAFETY EXCELLENCE AWARD
SAFETY SURVEY FORM FINAL EVALUATION FOR
CRANE & RIGGING SUPPORT**

SCORING: For each item listed below, decide if the entry meets the criteria as follows:

0 = Below Average **1** = Average **2** = Above Average **3** = Excellent
N/A = Not Applicable

| | |
|------------------|-----------------------|
| DATE _____ | INSPECTION TEAM _____ |
| CONTRACTOR _____ | _____ |
| LOCATION _____ | _____ |
| CLIENT _____ | _____ |
| CONTACT _____ | _____ |

***1. ACCIDENT PREVENTION PROGRAM**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Management Involvement in safety Programs | | | | | | | |
| B. Written Safety Policy | | | | | | | |
| C. Safety policy communicated to and understood by all employees | X | | | | | | |
| D. Safety and Health Manual | | | | | | | |
| E. Written procedures for safety activities (JSA, JHA, committee, etc.) | X | | | | | | |
| F. Written operating procedures/work practices | X | | | | | | |
| G. Safety handbook for employees | X | | | | | | |
| H. Annual safety goals set for continuous improvement | | | | | | | |
| I. Company safety recognition program in place | | | | | | | |
| J. Company safety representative identified | | | | | | | |
| K. Safety representative participates in safety problems/activities | | | | | | | |
| L. Safety representative inspects all jobsites | X | | | | | | |
| M. Disciplinary action program | | | | | | | |
| N. Copy of all federal safety and health regulations available on jobs and/or posted as required | X | | | | | | |
| O. Participation in a safety professional association (Safety Council, ABC, TCC, ASSE, HBR, Etc.) | | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

*Mandatory - OSHA Regulatory Requirements
Field – verify documentation exists
X - Indicated verification with employees in field

***2. SAFETY TRAINING EDUCATION**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written new hire orientation | X | | | | | | |
| B. Tool box talks/safety meetings | X | | | | | | |
| C. Specific safety training for all employees (permits, vessel entry, etc.) | X | | | | | | |
| D. Safety incidents and activities reviewed with all employees | X | | | | | | |

***3. HAZARD COMMUNICATION PROGRAM**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written program in place | | | | | | | |
| B. Material Safety Data Sheets available | X | | | | | | |
| C. Updated MSDS Inventory Sheets | X | | | | | | |
| D. Hazardous material training conducted and documented (benzene, H2S, Lead Awareness, etc.) | X | | | | | | |
| E. Labeling system in place | X | | | | | | |
| F. Part of new employee orientation | X | | | | | | |

***4. PROCESS SAFETY MANAGEMENT**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written program/compliance | X | | | | | | |
| B. Training verified and documented/records | X | | | | | | |
| C. Procedures to advise employer of unique hazards | X | | | | | | |
| D. Management of Change Process | X | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

***5. RESPIRATORY PROTECTION PROGRAM**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written respiratory protection program | | | | | | | |
| B. Respiratory protection training records | X | | | | | | |
| C. Fit testing conducted | X | | | | | | |
| D. Maintenance and storage of respiratory protective equipment | X | | | | | | |
| E. Medical certification | X | | | | | | |
| F. Breathing Air Quality Management | X | | | | | | |

***6. HEARING CONSERVATION PROGRAM**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. High noise area and operations identification (Owner or Contractor?) | X | | | | | | |
| B. Hearing protection and records training | X | | | | | | |
| C. Noise Monitoring | X | | | | | | |

***7. EMERGENCY EVACUATION PLAN**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written procedure | X | | | | | | |
| B. Included in orientation | X | | | | | | |
| C. Posted signal/alarm systems | X | | | | | | |
| D. Periodic training | X | | | | | | |
| E. Off-site emergency assembly area identified | X | | | | | | |
| F. Mock Drills Conducted | X | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

***8. PERSONAL PROTECTIVE EQUIPMENT**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. PPE Assessment/Evaluation | | | | | | | |
| B. Employee PPE provided by Employer | | | | | | | |
| C. Head protection worn by everyone in the designated area and hard hats are in good condition | X | | | | | | |
| D. Eye/face protection provided and used where operation of machines present potential eye or face injury | X | | | | | | |
| E. Hearing protection provided where required | X | | | | | | |
| F. Approved respiratory protection provided and used where required | X | | | | | | |
| G. Safety harnesses, lifelines and lanyards are provided and used where required | X | | | | | | |
| H. Dress code and minimum PPE standard | X | | | | | | |
| I. Safety harness and lanyards meet inspection requirements | X | | | | | | |
| J. Proper Gloves | X | | | | | | |

9. SUBSTANCE ABUSE CONTROL PROGRAM

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Management policy statement regarding illegal drugs, substances, contraband, and unauthorized items | | | | | | | |
| B. Description of how policy will be enforced and how violators will be treated | | | | | | | |
| C. Procedures for searches and inspections | | | | | | | |
| D. Pre-hire screening procedure | | | | | | | |
| E. Employee assistance program | X | | | | | | |
| F. Random testing (% tested annually) | X | | | | | | |
| G. Testing for cause | | | | | | | |
| H. Post Incident Testing | | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

***10. AUDIT INSPECTION PROGRAM**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written plan/procedure format for conducting safety audits/inspections | | | | | | | |
| B. Audit results documented | | | | | | | |
| C. Corrective action implemented and documented | X | | | | | | |
| D. Problems and remedies communicated throughout company | | | | | | | |
| E. Frequency of Audits | | | | | | | |

11. BEHAVIORAL BASED SAFETY

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--------------------------------------|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written program in place | | | | | | | |
| B. Employee participation | | | | | | | |
| 1. Training | | | | | | | |
| 2. Tracked | X | | | | | | |
| 3. Documented | | | | | | | |
| 4. Communicated | | | | | | | |
| 5. Employee Feedback | X | | | | | | |
| C. Management involvement and review | | | | | | | |

12. INCIDENT INVESTIGATIONS

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Supervisor's Incident Report | | | | | | | |
| B. Near-miss incident investigation report | | | | | | | |
| C. Formal Incident investigation format (root cause, corrective action, contributing factors) | | | | | | | |
| D. Serious injury, fatality/catastrophe procedure | | | | | | | |
| E. Incident communicated throughout company | X | | | | | | |
| F. Formal training in processes for conducting incident investigations | | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

***13. RECORDKEEPING**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | | |
|---|----------------|----------|-------|---|---|---|-----|--|
| | | | 0 | 1 | 2 | 3 | N/A | |
| A. First-aid log of all first-aid cases | X | | | | | | | |
| B. OSHA log - Form 300 - Past 3 years posted where required | X | | | | | | | |
| C. OSHA 301 or equivalent for each OSHA 300 log entry | X | | | | | | | |

***14. MEDICAL / FIRST AID PROGRAM**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | | |
|--|----------------|----------|-------|---|---|---|-----|--|
| | | | 0 | 1 | 2 | 3 | N/A | |
| A. First-aid supplies | X | | | | | | | |
| 1. Process to manage | | | | | | | | |
| 2. Process to monitor supply | | | | | | | | |
| 3. Resource adequate for number of employees on site | | | | | | | | |
| B. Qualified personnel (first-aid card minimum)/CPR | | | | | | | | |
| C. Emergency service set up | | | | | | | | |
| D. Emergency telephone numbers posted | X | | | | | | | |
| E. Medical personnel available for advice and consultation | | | | | | | | |
| F. In compliance with blood borne pathogens standard | X | | | | | | | |

15. WORK PERMITS

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | | |
|--|----------------|----------|-------|---|---|---|-----|--|
| | | | 0 | 1 | 2 | 3 | N/A | |
| A. Safe work/system entry | X | | | | | | | |
| B. Hot Work | X | | | | | | | |
| C. Confined space entry/physical entry | X | | | | | | | |
| D. Lock-out/tag-out program in place | X | | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

***16. HOUSEKEEPING**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Work areas, passageways, stairs, office spaces, field trailers kept clean | X | | | | | | |
| B. Scrap and debris removed at regular intervals | X | | | | | | |
| C. Waste containers identified | X | | | | | | |
| D. Equipment Cabs | X | | | | | | |

***17. FIRE PROTECTION AND PREVENTION**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Fire protection program developed | | | | | | | |
| B. Fire extinguishers provided | X | | | | | | |
| C. Fire extinguisher training conducted | X | | | | | | |
| D. Fire extinguisher inspection conducted | X | | | | | | |
| E. Alarm or telephone system available for use in emergency | X | | | | | | |
| F. "No smoking or open flame" signs posted and enforced where needed | X | | | | | | |

***18. ENVIRONMENTAL MANAGEMENT**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written Environmental Policy Statement | | | | | | | |
| B. Spill Prevention Plan | | | | | | | |
| C. Spill Kits provided on Equipment | X | | | | | | |
| D. Environmental Risk Assessment | | | | | | | |
| E. Communication of Site Environmental Concerns | | | | | | | |
| F. Notification to Owner of leak or upset | | | | | | | |
| G. Green Initiatives | | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

19. RIGGING EQUIPMENT

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Training program for: | | | | | | | |
| 1. Selection and usage of rigging slings | X | | | | | | |
| 2. Selection and usage of rigging hardware | X | | | | | | |
| 3. Selection and usage of chainfall and come-alongs | X | | | | | | |

20. INSPECTION/IDENTIFICATION PROGRAM

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Inspection Training | X | | | | | | |
| B. Tool Training in Place | X | | | | | | |
| C. Tools are maintained in safe condition | X | | | | | | |

*21. DRIVER SAFETY

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|-----------------------------|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. DOT Compliance | X | | | | | | |
| B. Medical Card | X | | | | | | |
| C. Log Book | X | | | | | | |
| D. Pre-Use Inspection | X | | | | | | |
| E. Load Securement Training | X | | | | | | |

*22. ELECTRICAL SAFETY

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Written assured grounding program/GFCI | X | | | | | | |
| B. Electrical tools grounded or double insulated | X | | | | | | |
| C. Electrical panels labeled | X | | | | | | |
| D. Portable electric tools | | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

***23. SIGNS, SIGNALS, AND BARRICADES**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. "Danger" and "Caution" signs available and used to warn against potential hazards or to caution against unsafe practices | X | | | | | | |
| B. Safety instructions and directional signs posted where required | X | | | | | | |
| C. Accident prevention tags available and used where required | X | | | | | | |
| D. Traffic Flagmen used where required | X | | | | | | |
| E. Qualified signalperson verifications | X | | | | | | |
| F. Crane and hoist signals posted and used | X | | | | | | |
| G. Barricades provided where needed | X | | | | | | |

24. LPG/COMPRESSED GASES/FLAMMABLE LIQUIDS (Shop Visits Only)

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Storage Cabinets/Racks (location, spacing, separation, labeling) | X | | | | | | |
| B. Warning signs/identification | X | | | | | | |
| C. Transporting/field use | X | | | | | | |
| D. Fire extinguisher | X | | | | | | |
| E. Grounding/bonding | X | | | | | | |
| F. Drip pans | X | | | | | | |

25. LADDERS

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Condition | X | | | | | | |
| B. Inspection of | X | | | | | | |
| C. Training on proper placement and usage | X | | | | | | |
| D. Retractable devices | X | | | | | | |

Number of Items Evaluated _____

Subtotal of Score Points _____

***26. INDUSTRIAL HYGEINE PROGRAM**

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|-----------------------------|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| 1. Written program in place | X | | | | | | |
| 2. Exposure Assessment | X | | | | | | |
| 3. Periodically monitoring | X | | | | | | |
| 4. Employee Communication | X | | | | | | |
| 5. | | | | | | | |

27. WORKFORCE DEVELOPMENT

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|--------------------------------|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Formal Craft Training | X | | | | | | |
| B. Craft Written Assessments | X | | | | | | |
| C. Skills Upgrade Training | X | | | | | | |
| D. Performance Verification | X | | | | | | |
| E. % Certified Crane Operators | | | | | | | |
| F. % Certified Riggers | | | | | | | |
| G. % Certified Signalperson | | | | | | | |
| H. Benefits & Improvements | X | | | | | | |
| I. Incentives and Motivation | X | | | | | | |

27. BEST PRACTICES & YEAR TO YEAR IMPROVEMENT

| ITEM | FIELD VERIFIED | COMMENTS | SCORE | | | | |
|---|----------------|----------|-------|---|---|---|-----|
| | | | 0 | 1 | 2 | 3 | N/A |
| A. Are Best Practice(s) Fully Implemented at Site | X | | | | | | |
| B. Year to Year Improvement in Site Statistics | X | | | | | | |
| C. OSHA Challenge, VPP, OSHA SHARP, OSHA Star | X | | | | | | |
| D. NCCCO Certified Training Facility | X | | | | | | |

28. FINAL SCORE

- A. Sum of Sub-totals _____ (sum of sub-totals from each page)
- B. Total Number of Items Evaluated _____ (sum of number of items from each page)
- C. Final Score _____ (A/B)

29. Comments from client and other comments:

30. Do you feel that safety is a high personal priority with management and employees of this company? If so, explain why:

31. Additional comments:
