

WEST COAST EXTRACTION SYSTEMS LTD.

Daily Safety Inspection Form

Revised 3.18.2017

DATE OF AUDIT	LOCATION OF AUDIT	DEPARTMENT	SHIFT	SUPERVISOR	INSPECTED PPE AND SAFETY EQUIPMENT											
EMPLOYEE NAME	SAFETY SHOES	SAFETY HARDHAT	SAFETY GLASSES	IMPROPER USE OF EQUIPMENT	SAFETY HARNESS	RESPIRATOR	FAILURE TO COMPLY WITH RA	NON-WORK RELATED CELL PHONE USE	PRE-INSPECTION NOT COMPLETED	UNPROFESSIONAL BEHAVIOUR	HOUSE KEEPING (GOOD/BAD)	IMPROPERLY LABELED CHEMICALS	IMPROPER FUEL STORAGE	OTHER (SEE COMMENTS)	OBSERVATION / COMMENTS	EMPLOYEE SIGNATURE
INSPECTED BY:		OPERATIONS MANAGER:														
SIGNATURE:		SIGNATURE:														
DATE:		DATE:														