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|  | Health, Safety, Security, Environment Project Management System  Audits and Inspections Program | | |
| Date of Audit |  | Company |  |
| Location of Audit |  | Inspection Team |  |
| Document # | Peak Safety USA Electrical Safety Audit 011 |  |
| Revision # | 01 |  |

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| --- | --- | --- | --- | --- |
|  | Electric Power Tools Focus Audit | Yes | No | N/A |
| 1 | Have electrical tools and equipment been recently inspected and colour coded? |  |  |  |
| 2 | Do electricians perform the quarterly inspections on electrical tools and equipment? |  |  |  |
| 3 | Are the quarterly inspections logged? |  |  |  |
| 4 | Is there a process in place for tagging defective equipment? |  |  |  |
| 5 | Are tags applied to defective equipment? |  |  |  |
| 6 | Are GFCI's or an assured grounding program in place? |  |  |  |
| 7 | Are all tools CSA (or equivalent) approved? |  |  |  |
| 8 | Are power tools three prong ground or double insulated? |  |  |  |
| 9 | Are extension cords of an extra-hard usage type with minimum size 14 AWG conductors? |  |  |  |
| 10 | Are extension cords in good repair? |  |  |  |
| 11 | Are tools always disconnected from the power source when making adjustments or changing attachments? |  |  |  |
| 12 | Are trigger locking devices removed from all power tools? |  |  |  |
| 13 | Are guards / handles on all equipment as equipped by the manufacturer? |  |  |  |
| 14 | Are vices and / or C-clamps used to secure the material when required? |  |  |  |
| 15 | Are drill presses or conduit threading machines equipped with a foot pedal for on/off controls? |  |  |  |
| 16 | Is equipment (Light plants, gen sets) capable of providing temporary power grounded at all times? |  |  |  |
| 17 | Are light bulbs and fluorescent tubes guarded? |  |  |  |
| 18 | Is proper PPE utilized for the task being performed? |  |  |  |
| 19 | Is proper body position being utilized to prevent line-of-fire issues? |  |  |  |
| 20 | Is the proper tool being used for the task being performed? |  |  |  |

**Focus Audit Observations**

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| **Observation / Concern** | **Action Required** | **Priority** | **Responsible Person** | **Completion** | **Initials** |
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| **A**: Immediate action required | **B**: Action required within 24hrs | **C**: Action required within 48hrs | **D**: Action required within 1 week |