



# PROJECT INSPECTION

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|                       |                 |                            |                                       |
|-----------------------|-----------------|----------------------------|---------------------------------------|
| <b>Company</b>        | Sebastian Corp. | <b>Type of Inspection:</b> | Sebastian Daily Job Safety Inspection |
| <b>Project</b>        | FTC UG 2025     | <b>Date of Inspection</b>  | January 07, 2025                      |
| <b>Inspector Name</b> | Bryce Sumrall   | <b>Time of Inspection</b>  | 07:03 AM                              |

## NOTES

|                       |                    |                     |          |
|-----------------------|--------------------|---------------------|----------|
| 21<br>Items Inspected | 14<br>Satisfactory | 0<br>Unsatisfactory | 7<br>N/A |
|-----------------------|--------------------|---------------------|----------|

## INSPECTION ITEMS

### General

Safety Manual, SDS, and Heat Illness Prevention **Satisfactory**

Permits and/or Certificates **Satisfactory**

Weekly Subcontractor Foreman Tailgate Meetings **Satisfactory**

Personal Protective Equipment **Satisfactory**

Excavations and Trenches **Satisfactory**

Walkways, Runways, and Aisles **N/A**

Entrances and Exits **N/A**

Ladders **N/A**

Housekeeping and Refuse Containers **Satisfactory**

Guardrails **N/A**

|   |                     |
|---|---------------------|
| <b>Illumination/Lighting</b>  | <b>N/A</b>          |
| <b>Sanitation Facilities</b>  | <b>Satisfactory</b> |
| <b>Hand and Power Tools</b>   | <b>Satisfactory</b> |
| <b>Electrical</b>   | <b>N/A</b>          |
| <b>Drinking Water and Cups</b>  | <b>Satisfactory</b> |
| <b>First Aid Kit and Fire Extinguishers</b>   | <b>Satisfactory</b> |
| <b>Scaffolding</b>  | <b>N/A</b>          |
| <b>Fall Protection</b>  | <b>Satisfactory</b> |
| <b>Overhead Hazards</b>   | <b>Satisfactory</b> |
| <b>Material Handling and Storage</b>  | <b>Satisfactory</b> |
| <b>COVID-19: PPE (Masks, Gloves, Face Shields, Disinfecting Wipes/Spray), Daily Screening Checklist</b> | <b>Satisfactory</b> |