


5 POINT SAFETY SYSTEM CHECKLIST	
Place & Time	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Are entrance, travel ways, & berms in proper condition?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Are the workplace and equipment in proper condition?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Is work being done safely and according to standards?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I WILL commit to work safely.
YES <input type="checkbox"/>	NO <input type="checkbox"/> Have you been task-trained for your assigned jobs/equipment?
YES <input type="checkbox"/>	NO <input type="checkbox"/> Have you inspected environmental conditions?
Did you witness/perform an Act of Safety? Please identify: _____	
FIELD LEVEL RISK ASSESSMENTS <u>WHAT</u> am I doing? <u>WHAT</u> could go wrong? <u>HOW</u> could it affect me or others? <u>HOW</u> likely is it to happen? <u>WHAT</u> can I do about it?	
Name _____	
Date _____	
Supervisor _____	

**5 POINT SAFETY
SYSTEM CHECKLIST**

- PPE – you have required and necessary personal protective equipment?
- Procedures/Permits Followed: SOP/JHA, LOTO, Hot Work, Confined Space, other
- Pre-use inspection completed
- Defects noted in log book
- Equipment and area are clean
- Chock blocks are available and in use
- Signage meets standards
- Roadways meet standards
- Lighting meets standards
- Housekeeping meets standards

Did you find an unsafe condition today?

YES NO

If so, please note below.

Did you have an incident today?

injury, accident or near miss?

YES NO

If so, report to EHS or your supervisor immediately!

Comments: _____

