

Outdoor Utility Safety Checklist

Date: _____

Prepared by: _____

General Information

Location: _____

Utility Type: _____

Equipment Inspection

- Check for signs of wear and tear on equipment: Yes / No
- Ensure all safety guards are in place: Yes / No
- Verify that all grounding requirements are met: Yes / No

Site Conditions

- Assess weather conditions: Safe / Unsafe
- Check for potential hazards (holes, loose cables, etc.): Yes / No
- Ensure the area is clear of bystanders: Yes / No

Personal Protective Equipment

- Hard hat: Worn / Not worn
- Safety goggles: Worn / Not worn
- Gloves: Worn / Not worn

Emergency Procedures

Emergency contact number: _____

Nearest medical facility address: _____

Comments and Observations

Sign-off

Signature: _____

Title: _____