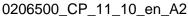
## **Regulatory Inspection Record**





Instructions: Complete the Regulatory Inspection Record below during an OSHA compliance inspection/audit. Submit the completed form to the Senior Site Supervisor and Project Safety Manager. **General** Project: Date / time (arrived): Safety / Ops person assigned to inspector: Subcontractors on site (list): Inspector (name): Agency: Office Location: **Identification number:** Supervisor: Telephone #: **Opening Conference** List everyone present (names): **Inspection type: Partial Focused** Comprehensive **Reason for Inspection: Scheduled** Referral **Complaint (copy of complaint)** List of records reviewed or requested: Walk Around Inspection (use additional sheets if necessary) Identify route(s) / areas inspected & list all activities taking place on-site during the inspection: List any unsafe acts or conditions noted by Centennial and/or Compliance officer. List all corrective actions taken: Were photos, video recordings, readings or measurements taken? Yes No If yes, explain the following for each item (1-exact location, 2-items/area recorded, 3-equipment used) additional paper needed, use to document

| List / describe any part of the project in which work was halted by the inspection: |                    |                            |               |      |
|---|--------------------|----------------------------|---------------|------|
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    | Interviews                 |               |      |
|   | 1 6 1              |                            | 11 1 11 11 11 |      |
| Complete the information be   | elow for any emplo | yees which were interviewe | _             | on:  |
| Name/job description:   |                    |                            | Company:      |      |
| Name/job description:   |                    |                            | Company:      |      |
| Name/job description:   |                    |                            | Company:      |      |
|   |                    | Closing Conference         | е             |      |
| Date:   | Time:              |                            |               |      |
| List everyone present (names):  |                    |                            |               |      |
|   |                    |                            | Ī <u> </u>    |      |
|   |                    |                            | i <u> </u>    |      |
|   |                    |                            | i 💳           |      |
| List any alleged violations:  |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
| A 1 10.0  |                    |                            |               |      |
| Additional comments:  |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
|   |                    |                            |               |      |
| <del></del>   |                    |                            |               |      |
| Employee name (written) completing this form  |                    |                            |               | Date |

Send this document completely filled out to the Senior Site Representative and the Project Safety Manager.