

Safety & Performance Review for Medical Office:

MO NAME: _____ **ID** _____ **SPR #:** _____

LOCATION: _____ **TIME:** _____ - _____ **DATE:** _____

Type Of Work: Residential - Private - Public - Storm - Disaster Relief

Designation Info: Company – Charity – Forestry – State/DOT – Line Clearance – FEMA

Street Signs: Y - N - NA / **MO Supply:** Y - N - NA **Hard Hat:** Y - N / **MO Supply:** Y - N

Equip Cones: Y - N - NA / **MO Supply:** Y - N - NA **High Vis:** Y - N / **MO Supply:** Y - N

Wheel Chauk: Y - N - NA / **Mo Supply:** Y - N - NA **St. Boots:** Y - N / **MO Supply:** Y - N

SW Warning: Y - N - NA / **MO Supply:** Y - N - NA **Chainsaw Pts:** Y - N / **MO Supply:** Y - N

High Viz Gear: Y - N - NA / **MO Supply:** Y - N - NA **Misc Per Prot:** Y - N / **MO Supply:** Y - N

Vehicle Traffic Volume: HI - M - LOW / **High Viz Needed:** Y - N / **Reason:** _____

Public Traffic Volume: HI - M - LOW / **High Viz Needed:** Y - N / **Reason:** _____

Flashers used On Vehicles: Y - N - NA / **Reason:** _____

Organized Work Area: Y - N / **Reason:** _____

Visible Comp Personnel Info: Y - N / **Info:** _____

Equipment On Jobsite and Condition of Equipment:

Chip Truck: Y - N / EX GD BAD FAIL - **Equipment #:** _____ - **DOT #:** _____

Bucket Truck: Y - N / EX GD BAD FAIL - **Equipment #:** _____ - **DOT #:** _____

Pickup Truck: Y - N / EX GD BAD FAIL - **Equipment #:** _____ - **DOT #:** _____

Grapple Truck: Y - N / EX GD BAD FAIL - **Equipment #:** _____ - **DOT #:** _____

Crane Truck: Y - N / EX GD BAD FAIL - **Equipment #:** _____ - **DOT #:** _____

Trailor: Y - N / EX GD BAD FAIL - **Equipment #:** _____ - **DOT #:** _____

Chipper: Y - N / **Manufacturer:** _____ **Equip ID #:** _____

Mini Equipment: Y - N / **Manufacturer:** _____ **Equip ID #:** _____

Medical Reviewer Signature: _____ **MRS ID #:** _____

MO Employee Signature: _____ **ID #:** _____