

| # | OBSERVE OPERATION FOR USE OF | YES | NO |
|----|-------------------------------------|-----|----|
| 1 | Goggles? | | |
| 2 | Gloves? | | |
| 3 | Ear Plugs? | | |
| 4 | Face Shield? | | |
| 5 | Safety shoes? | | |
| 6 | FRCs clothing? | | |
| 7 | Permits in place? | | |
| 8 | Right ladder for job? | | |
| 9 | Proper tool for job? | | |
| 10 | Correct manual lifting technique? | | |
| 11 | Right type hoisting equipment used? | | |
| 12 | Defensive driving? | | |