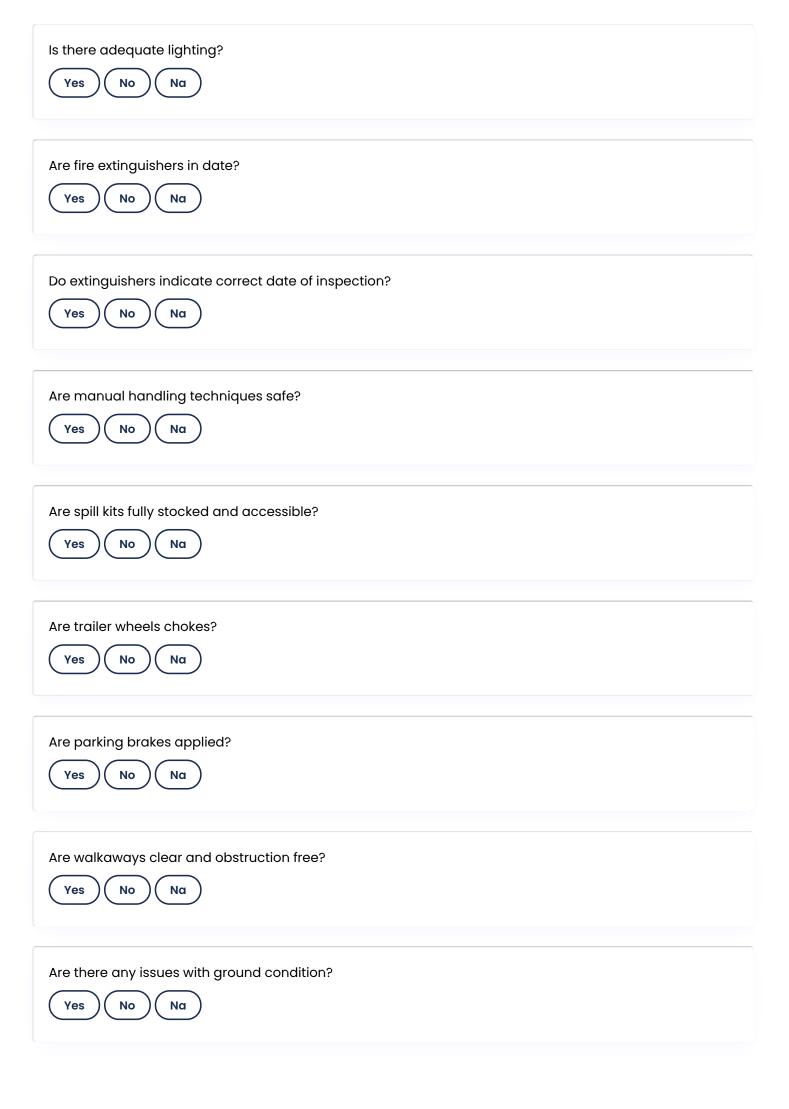
## Safety Walk Around Checklist

## **Transport & Logistics**

GENERAL	
Date	
2017-01-01	
Safety Inspector	1
Point of contact	
Work area inspected	
Is a task specific PPE being used?	
Yes No Na	
Is PPE in good condition?	
Yes No Na	
Is housekeeping adequate?	
Yes No Na	



Are there any environmental impacts?  Yes No Na	
Additional information	
Signature	SIGNATURE