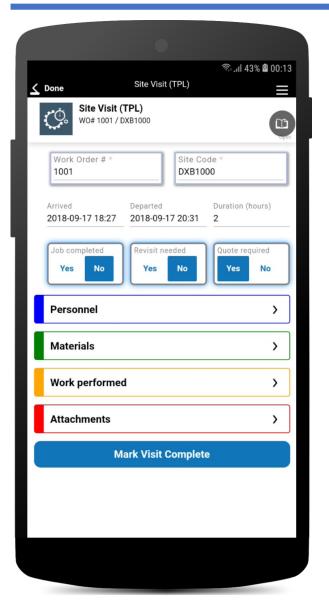
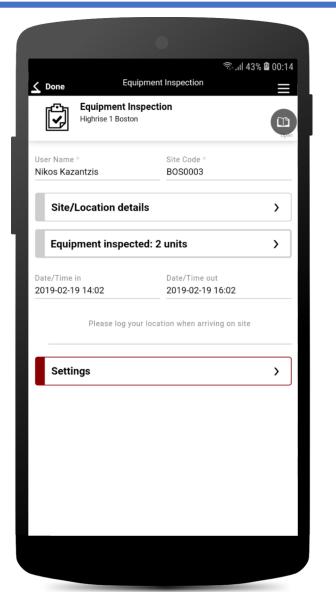
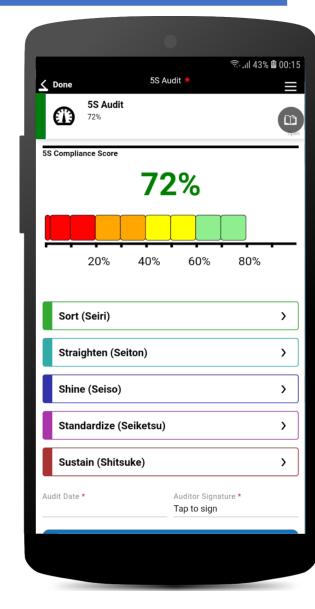
### **Appendix Examples**







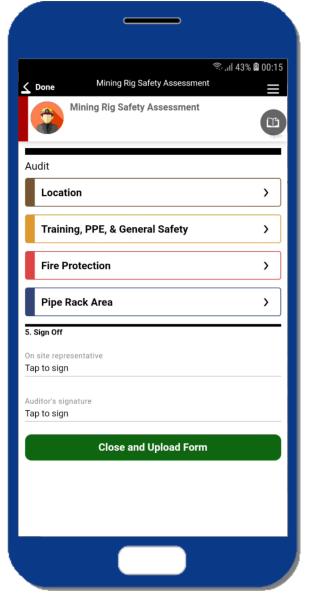


Site Visit

**Equipment Inspection** 

5S Audit





Mining Rig Safety Assessment

হি.,ill 44% 🛿 00:1 🖌 Done Perioperative Nursing Record 🚃	7
Perioperative Nursing Record Miles Widrick	
PATIENT NAME Miles Widrick	
PATIENT IDENTIFICATION M23ND2896331	
PREOPERATIVE >	
INTRAOPERATIVE >	

#### Perioperative Nursing Record

Proje	्রি <sub>ন</sub> ।। 44% 🙆 0 ct Punchlist
<b>Done</b> Project	
Project photo	Project name *
	Haynes Project
	Address
BEESS AN LANAME	East Beach Road
	-
	City Darien CT
ltomo #1	
ltems #1	
Items #1	
Project photo	Remove Projec  Project name *
	Remove Project  Project name * Homestead Project  Address
Project photo	Remove Project  Project name * Homestead Project
Project photo	★ Remove Project Project name * Homestead Project Address 26 Kent Falls Road
Project photo	Remove Project  Project name * Homestead Project  Address
Project photo	Homestead Project Address 26 Kent Falls Road City

#### **Project Punchlist**



Done	Thern Maintenar	nce Manual	`≎⊭ull 4	4% 🛿 00:1
	hern Maintenance Ma	anual		ľ
ltem	Function Required	Monthly	3 Months	6 Months
Winch	Wipe all parts and leave oil film			×
Brake	Adjust		~	
Brake	Change Oil			~
Gearbox	Change Oil			×
Flange Bearing	Lubricate with grease gun	×		
	n Winch Manual - A	All Unguy	ed Towe	
Brake A	n Winch Manual - A Adjustment Gearbox Oil Level	All Unguy	ed Towe	ers > >
Brake A	adjustment		ed Towe	>
Brake A Check ( Check I	djustment Gearbox Oil Level		ed Towe	> >
Brake A Check ( Check I Change	Adjustment Gearbox Oil Level Mechanical Brake C	Dil Level	ed Towe	> > >

Maintenance Manual

Done TransForm CMRI	ଲି।  44% 🛿 00:1
Status: open	
Details	>
Work data	>
Tasks (0)	>
Tools (0)	>
Parts/Consumables (1)	>
Photos (1)	>
Notes (2)	>
User status	>
Settings	>

### Maintenance/Rollout/Inventory

✓ Do	ne Patient Intake	
	Patient Intake Joe M.	
	ATIENT DEMOGRAPHICS/SMOKING IISTORY	>
Р	ATIENT REGISTRATION INFORMATION	>
H	IEALTH QUESTIONNAIRE	>
P	AYMENT AUTHORIZATION	>
	CKNOWLEDGEMENT OF RECEIPT OF IOTICE OF PRIVACY PRACTICES (NOPP)	>
A	UTHORIZATIONS AND ASSIGNMENTS	>
E	YE FACULTY PRACTICE	>
	Submit Form	

Patient Intake



Done		aily Railyard Enviro			
		ompleted inspect			
In	form Shift Supe	rvisor Immediate	ly if Any Item o	f Concern is No	oticed.
nspection Comp	leted By:		Date/Time		
The purpose of t	his inspection is	to determine if an	y items of envir	onmental conce	ern exist.
visually inspect	the ranyard for u	he items below. Be	sure to observ	e each stornwa	ter met.
	Any signs of pellets on ground?	Any signs of oil sheen or other chemical spill?	Stormwater		
Area	Yes	Yes	Yes	Any Other	Corrective
Transload	No	No	No	Items of Concern?	Corrective Actions*
Road				ñ	
				× C	elete Inspection
		0 0 ano	10		
	Any signs of pellets on ground?	Any signs of oil sheen or other chemical spill?	Stormwater		
Area	Yes	Yes	Yes	Any Other	
Section 1, Tracks A -D				Items of Concern?	Corrective Actions*
(4 tracks)	No	No	No		
				× D	elete Inspection
+ Add a new I	Inspection				
		Ex – vacuumed pelle			
	the location of a	any observed item	is of concern o	n Figure 1 (Site	Diagram)
Site Diagram					
Store Conductor and the					
	ISAC SISSI UTBarr				

Railyard inspection

Oone OSHA OSHA Self-Inspection C		ction Checklist *	(
this self-inspection checklist to identify	r probable haz	ards and whether they are u	nder control.
the "N/A" button next to a section if it d		to the current area being ins	
Employer Posting	>	Not Answered	Set N/A
Recordkeeping	>	All Answered	Set N/A
Safety and Health Program	ı >	All Answered	Set N/A
Medical Services & First A	id >	All Answered	Set N/A
Fire Protection	>	All Answered	Set N/A
Personal Protective Equipment	>	All Answered	Set N/A
General Work Environment	: >	Not Answered	Set N/A
Walkways	>	Not Answered	Set N/A
Floor and Wall Openings	>	Not Answered	Set N/A
Stairs and Stairways	>	Not Answered	Set N/A
Elevated Surfaces	>	Not Answered	Set N/A
Exiting or Egress - Evacuation	>	Not Anonyour	Set N/A

#### OSHA Self-Inspection Checklist

Done	Job Safety Analysis
Job Safety Analysis	
Date	Site No.
Telecom Division Project Name	Project Number
Subcontractor Name	Subcontractor Field Supervisor
Site Location (GPS)	Site Photo Tap to capture image
Photo Comments	
JOBSITE INFORMATION AND	) HAZARDS
JOB HAZARD ANALYSIS	
	INC
REQUIREMENTS/PREPLANN	ING
REQUIREMENTS/PREPLANN PERSONNEL	

#### Job Safety Analysis



Invoicing Healthy foods													
Invoice Number 3312587	Customer Healthy foods		Date 2019-05-05	Ope									
Line Items entered: 2				>									
Terms	Total Price (\$) 207	Discount	Final Price (\$) 207										
nfirmed by:					0								
Customer signature <b>Tap to sign</b>		Signee name											
Settings				>	]								
Settings				>	]	$\bigcap$	és < Back			Invoicing			
Settings				>	]	$\left[ \right]$	Back		Line	Invoicing Items entered: 2			¶D• ▼ ■ 84% 0
Settings				>		$\left[ \right]$		Code 39	Line Description Chartreuse verte	Items entered: 2	Quantity 5	Unit price 18	
Settings				>			Category		Description	Items entered: 2		18	Item total

Invoicing