



TEXO Safety Services
WORKSITE OSHA COMPLIANCE AUDIT/ANALYSIS SCHEDULE

Please list each worksite currently underway, or which may begin within 30 days, that your company wishes to place on the TEXO Safety Department Visit Schedule. This is a complimentary service available to all TEXO Contractor Members.

Please contact TEXO at (972) 647-0697 if you have any questions.
RETURN BY EMAIL: lois@texoassociation.org
Reproduce if additional copies are necessary

PROJECT INFORMATION

PROJECT TEAM INFORMATION

General Contractor _____
Name of Project _____
Type of Project _____
Square Footage _____
Project Start Date _____
Volume: _____
Project Location (address): _____
Project Phone # _____
Project Region (Dallas, East Texas, Fort Worth) _____

Project Manager Name and Cell Phone Number: _____
Superintendent Name and Cell Phone Number: _____
Safety Director Name and Cell Phone Number: _____
Send copy of report to home office: Yes ___ No ___
If yes, please provide the following information:
Attention _____
Email Address _____
Phone Number _____

Do you require notification before Safety Inspection? Yes ___ No ___

Specialty Contractors on Project and their trade (ie. Mechanical, Electrical, Plumbing, etc.)
Attach additional page(s) if needed.

Steel Erection _____
Plumbing _____
Landscape _____
Roofing _____
HVAC _____
Mill Work _____
Painters _____
Electrical _____

Elevators _____
Masonry _____
Concrete _____
Fire Sprinkler _____
Glass _____
Drywall _____
Excavation _____

IMPORTANT - PLEASE COMPLETE THIS SECTION

Authorization to enter the worksite and perform analysis granted by -

Company: _____

Printed Name & Title: _____

Signature: _____

Date: _____