

AME, INC.

SITE SAFETY INSPECTION REPORT

DIVISION: _____ LOCATION: _____

SUPERVISOR: _____ DATE _____ TIME _____

VIOLATIONS

1. _____

2. _____

3. _____

CORRECTIONS NEEDED

1. _____ DATE CORRECTED _____

2. _____ DATE CORRECTED _____

3. _____ DATE CORRECTED _____

Please return copy of this form with date(s) and corrections made at the job site and return to the Corporate Director of Safety at the Fort Mill, SC office.

COMMENTS: _____

Supervisor Signature: _____ Date: _____

Safety Director Signature: _____ Date: _____