

Sign-In Sheet

Prepared By: Government Regulatory Compliance LLC,
A PIRK Management Co.
Fax: 866-729-3892

Your Name
Here

This Month's Safety Topic: Monthly Safety Topic - Respiratory Protection

Department: Body

Employee No:	Last Name:	First Name:	Signature:
29	Brykov	Antony	[Signature]
17	Ortega	Antonio	[Signature]
18	Ortega	Oscar	[Signature]
20	Pascual	Mario	[Signature]
21	Prieto	Gerardo	[Signature]

We prepare, certify, manage and file your paperwork

SP2 Monthly Inspection Log

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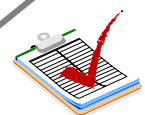
Your Name
Here

Account No: 002182

Inspection Activity	Validated	Condition
Were there any changes to name and address of facility or management?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were there any changes to the facility site map (equip, hazards, emergency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did employees review monthly safety topic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were any employees hired or require training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did any employee leave your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was personal protection equipment inspected, disposed or replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was waste storage area inspected weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were eye wash station(s) inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was permitted equipment added or changed in facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were first aid kits inspected/restocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was fire system certified or extinguishers recharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were containers and 55 gal drums labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Were booth filters changed, cleaned or disposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

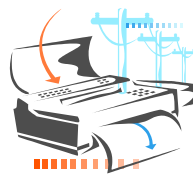
Simple Check List

- Employee Safety Plan
- Map & Monitoring Plan
- Waste Management Plan
- HazMat Management Plan
- Emergency Response Plan
- Safety & Pollution Prevention SP2



Self-Inspection

- ✓ Fire Prevention Records
- ✓ Permit Condition Records
- ✓ Lockout/Tag-Out Records
- ✓ Waste & Stormwater Records
- ✓ Equipment Inspection Records
- ✓ Right-to-Know Management Records
- ✓ Daily, Monthly & Annual Emission Records



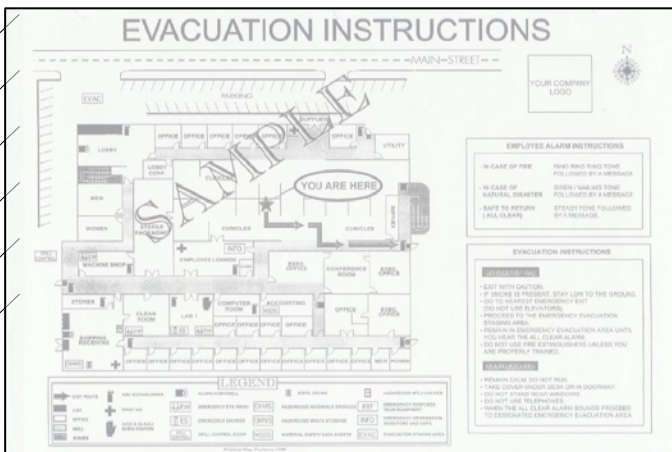
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Date Range: 02/01/2006-02/28/2006

Your Name
Here

Item Name	Description	Last Inspection	Action Date
AT	Air Compressor	02/01/2006	03/01/2006
CM	Combustible Material Storage	02/01/2006	03/01/2006
EW	Eye Wash Station	02/01/2006	03/01/2006
FM	Flammable Material Storage	02/01/2006	03/01/2006
FS	Fire Suppression System	02/01/2006	03/01/2006
HA	Hazardous Waste Storage	02/01/2006	03/01/2006
PA	Paint Mix Area	02/01/2006	03/01/2006
SB	Spray Booth	02/01/2006	03/01/2006
US	Underground Storage Tank	02/01/2006	03/01/2006
CO	Corrosive Material Storage	02/01/2006	03/01/2006
SS	Fire Sprinkler System	02/01/2006	03/01/2006
HM	Hazardous Material Storage	02/01/2006	03/01/2006
HM	First Aid Kit	02/01/2006	03/01/2006
FEI	Fire Extinguisher	02/01/2006	03/01/2006

WE PRODUCE COMPLIANCE REPORTS



YOUR CYBER SECRETARY

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REA - Registered Environmental Assessor

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