



Aerial/Boom/Scissor Lift Inspection Checklist

Project Name:

Number:

Project Location

Completed By:

Date:

ALL aerial-type lifts must be inspected prior to use. All items on this checklist must be verified as true before using the lift.

NOTE: A designated person (spotter) must be on the ground to guide the lift operator whenever working around energized lines and/or equipment.

Visual and Operational Inspection Points

1. Verify that the lift has a designated "anchor" point to attach fall protection to (refer to the Manufacture's Operation Manual if needed).

DO NOT use the lift if an anchor point is not available. Lanyards cannot be attached to the guardrail and cannot be connected to the lanyard itself.
2. Verify that the lift is parked on a level surface
3. Check the operating and emergency controls. Check all safety devices for defects or damage. All rails, toe-boards, and safety chains are in place.
4. Inspect all personal protective equipment such as hard hats, full body harness and lanyard to ensure they are in proper working condition and free of defects.
5. Check for loose cables or faulty wiring. All fittings should be tight.
6. Check the air, hydraulic and fuel systems for leaks or other deficiencies. The platform should be free of dirt, oil and grease, etc.
7. Check the tires for cuts, bulges and proper pressure.
8. Look for damaged, unreadable or missing safety signs and placards. Replace as needed.
9. Check all outriggers and other stabilizers (as applicable). There should be no structural defects and all support braces must be intact.
10. Check the guardrails and chains to ensure they are intact and secure.
11. Perform a lift test from the ground. Take the boom to full extension then back again. Listen for unusual noises, look for leaks and other signs of wear on the lift. Verify all controls are functioning properly.

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All defects must be documented and submitted to the Team Lead to schedule repairs.


If any defects are found, immediately report it to your Team Lead. Team Lead must determine if the defect adversely affects the safe operation of the lift. If the lift cannot be operated safely, immediately TAG the lift “out of service”.

Operator:		Team Lead:			
Spotter Name:		Date:		Time:	

Defects:

Completed checklists should be left in the envelope on the lift. The SES Department will pick these up.

Signature:	Date:
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	<h1>Construction Equipment</h1> <h2>Inspection</h2>
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Project Name:	Project Location:
Inspected by: (Competent Person)	Date of Inspection:
Equipment Name:	Number:

	OK	Bad	N/A	Remarks
Exterior				
1. Tracks, tires, wheels				
2. Body				
3. Cover				
4. Frame				
5. Dump Mechanism				
6. Windshield Wiper				
7. Glass				
8. Rear View Mirror				
9. Fuel & Gas Lines				
10. Fuel Tank				
11. Exhaust System				
12. Boom				
13. Boom Hoist				
14. Sheaves				
15. Hooks				
16. Grab Bars, Steps				
17. Warning Lights				
Driving - Interior				
1. Brakes				
2. Horn				
3. Lights				
4. Clutch				
5. Steering				
6. Fire Extinguisher				
7. Signal System				
Engine Compartment				
1. Motor (wiring)				
2. Radiator				
3. Belts				
4. Hoses				



Construction Equipment Inspection

Shop Equipment				
1. Lubrication Points				
2. Loose Bearings				
3. Guards				
4. Belt Tension				
5. Loose Gears				
6. Brakes				
7. Vibration				
8. Pneumatic Interlocks				
9. Exhaust System				
10. Proper RPM				
11. Overload Protection				
12. Mech. Switch				
13. Ground Continuity				
14. Limit Switches				
15. Cords				
16. Plugs/Receptacles				

Manager's Signature:

Date:



Crane Inspection

Checklist

Project Name:		Project Location:
Inspected by:	Date:	Manufacturer:
Equipment Number:		Serial Number:

Hook:

1. Throat opening more than 15%.
2. Hook in twisted (not straight or on one plane).
3. More than 10% wear at the throat.
4. Any cracks or corrosion

Yes	No
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Wedge Sockets:

1. Wire rope size and wedge socket is a proper match.
2. Dead end of wire rope extends at least 9 inches beyond wedge socket.
3. Dead end of the wire rope is secured properly.

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Sheaves:

1. The wire rope is seated properly in the sheaves.
2. The wire rope keepers (keeps cable from coming out of the sheaves) are in good shape.
3. Check the bolts on the sheave plates for tightness.
4. Check for any weld cracks.
5. Signs of bent or buckled panels or parts.

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Boom:

1. Hydraulic leaks.
2. Check all 4 sides of boom for bent parts or buckled panels.
3. Lattice boom extension is secured properly.
4. Lattice sections are not bent (each rib is straight).

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Tires:

1. Properly inflated (look on load charts for Manufacturing recommendations)
2. Cuts in the tires or bulges.

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Fluids:

1. Crank case oil is clean and full.
2. Water is about 2 inches below cap.
3. Check hydraulic oil level

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Crane Inspection

Checklist

Miscellaneous:

1. Out rigger pads not cracked.
2. Hydraulic hoses in good condition.
3. The drum cable is properly spooled.
4. Handrails leading into crane cab are good.
5. Fire extinguisher is available.
6. Load chart is in cab.
7. Boom angle indicator is available and working.
8. Back alarm is working.
9. Engine is started and gauges are checked, working properly.
10. Out riggers are extended out; working properly.
11. Crane is leveled, working properly.
12. Boom up, unlock the swing break, does it swing when level?
13. Swing through 360 degrees, does boom angle indicator stays the same throughout rotation.
14. Does the horn work?
15. Does boom swing break work properly?
16. Extend out the boom, are all sections extending evenly.
17. Brakes & brake systems check out.
18. Safety pressure relief valves check out.

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Comments: _____.

Signature: _____

Date: _____



Daily Compliance Inspection Checklist

Safety Representative: _____

Date: _____

	Yes	No	N/A	Comments
1. Hygiene/Sanitation				
2. First Aid – Supplies adequate?				
3. Housekeeping – Jobsite maintained?				
4. Fire Protection – Extinguishers available?				
5. Lighting – Adequate where needed?				
6. Hazard Communication (SDS) labeling adequate?				
7. Personal Protective Equipment (PPE) – Adequate?				
8. PPE – Hardhats, vests, glasses, gloves worn when needed?				
9. Signs & Barricades – Adequate?				
10. Material Handling – Chains, ropes, slings OK?				
11. Hand Tools and Equipment – In good condition?				
12. Power Operated Tools – In good condition?				
13. Powder Actuated Tools – Adequate? People trained?				
14. Mechanical Safeguards – Equipment properly guarded?				
15. Welding/Cutting – Extinguisher?				
16. Hot work – Permits required?				
17. Electrical – Cords & tools cut or damaged?				
18. Lock/out-Tag/out?				
19. Storage of Materials – Properly secured?				
20. Fall Protection – Holes properly barricaded?				
21. Holes in ground – Properly covered or barricaded?				
22. Impalement Hazards – Properly (rebar caps) guarded?				
23. Walkways – Clear of tripping hazards?				
24. Aerial Lifts?				



Daily Compliance Inspection Checklist

25. Cranes? Properly arranged?				
26. Rigging – Chains, ropes, slings OK?				
27. Mobile equipment – Back-up Alarm working?				
28. Excavations – Properly inspected daily by 29. Competent Person?				
30. Ladders – Inspected and without defects?				
31. Confined Space – Gas detector properly used and documented?				
32. Respirators – Provided when needed?				
33. Hearing Protection – Provided when needed?				
34. Traffic Controls – Flagmen needed?				
35. Weather – Procedures ready to apply?				
36. Compressed Gas Cylinders – Properly stored?				

Signature:

Date:




Daily Excavation and Trenching Checklist

Project:	Date:	Weather:	Soil Type:
Trench Depth:	Length:	Width:	Type of Protective System:

Describe Trench Location:

Yes	No	N/A	Excavation/Trench
			1. Excavations and Protective Systems inspected by Competent Person* daily, before start of work.
			2. Competent Person has authority to remove workers from excavation immediately.
			3. Surface encumbrances supported or removed.
			4. Employees protected from loose rock or soil.
			5. Hard hats worn by all employees.
			6. Spoils, materials, and equipment set back a minimum of 2 feet from edge of excavation.
			7. Ladder: located within 25 feet of safe travel, secured, and extend 36 inches above the landing
			8. Barriers provided at all remote excavations, wells, pits, shafts, etc.
			9. Walkways and bridges over excavations 6 feet or more in depth equipped with guardrails.
			10. Warning vests or other highly visible PPE provided and worn by all employees exposed to vehicular traffic.
			11. Employees prohibited from working or walking under suspended loads.
			12. Employees prohibited from working on faces of sloped or benched excavations above other employees.
			13. Warning system established and used when mobile equipment is operating near edge of excavation.

Yes	No	N/A	Protection Methods
			1. Trench sloped 1.5 to 1 ratio and/or properly benched.
			2. Shoring properly installed, inspected, and designed.
			3. Trench box properly installed to extend 18 inches above the surrounding area.

	<h2 style="margin: 0;">Daily Excavation and Trenching Checklist</h2>
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Yes	No	N/A	Utilities
			1. Utility companies contacted and/or utilities located.
			2. Exact location of utilities marked when near excavation.
			3. Underground installations protected, supported, or removed when excavation is open.


Yes	No	N/A	Wet Conditions
			1. Precautions taken to protect employees from accumulation of water.
			2. Water removal equipment monitored by Competent Person .
			3. Surface water controlled or diverted.
			4. Inspection made after each rainstorm.

Yes	No	N/A	Hazardous Atmosphere
			1. Atmosphere tested when there is a possibility of oxygen deficiency or build-up of hazardous gases.
			2. Oxygen content is between 19.5 percent and 21 percent.
			3. Ventilation provided to prevent flammable gas build-up to 20 percent of lower explosive limit of the gas.
			4. Testing conducted to ensure that atmosphere remains safe.
			5. Emergency Response Equipment readily available where a hazardous atmosphere could or does exist.
			6. Employees trained in the use of Personal Protective and Emergency Response Equipment.
			7. Safety harness and lifeline individually attended when employees enter deep confined excavation.

Signature of Competent Person :	Date:
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***Competent Person:** Certain activities or safety procedures at a construction site require design, inspection or supervision by a competent person. The OSHA Construction Standard defines a competent person as someone who is:

- capable of identifying existing and predictable hazards in the surroundings, or
- working conditions which are unsanitary, hazardous, or dangerous to employees, and
- Who has authorization to take prompt corrective measures to eliminate them?

	<h2 style="text-align: center;">Daily Excavation and Trenching Checklist</h2>
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Trenching and excavation work is dependent on these specialized employees because it's highly technical nature, as well as its inherent hazards, require a greater level of training and experience than a normal worker would possess. The items below specify the trenching and excavation activities where a competent person is necessary.

Protective Systems or Equipment

- Monitoring water removal equipment and operations [\[29 CFR 1926.651\(h\) \(2\)\]](#).
- Inspecting excavations subject to runoff from heavy rains to determine need for diversion ditches, dikes, or other suitable protection [\[29 CFR 1926.651\(h\) \(3\)\]](#).
- Determining cave-in potential to assess need for shoring or other protective system [\[29 CFR 1926.652\(a\) \(1\)\]](#).
 - Examining damaged material or equipment used for protective system to determine it's suitability for continued use [\[29 CFR 1926.652\(d\) \(3\)\]](#).
 - Classifying soil and rock deposits, by both visual analysis and by testing, to determine appropriate protection; re-classifying, if necessary, based on changing conditions [\[29 CFR 1926 Subpart P Appendix A\]](#).
 - Determining the appropriate slope of an excavation to prevent collapse due to surcharge loads from stored material or equipment, operating equipment, adjacent structures, or traffic, and assuring that such slope is achieved [\[29 CFR 1926 Subpart P Appendix B \(c\)\(3\)\(iii\)\]](#).

Unsafe Access/Egress

- Designing structural ramps that are used solely by employees as a means of access or egress. Structural ramps used for access or egress of equipment must be designed by a competent person qualified in structural design [\[29 CFR 1926.651\(c\)\(1\)\(i\)\]](#).

Inspecting Trench and Protective Systems

Authorizing immediate removal of employees from the hazardous area where evidence of possible cave-in, failure of protective systems, hazardous atmospheres, or other hazardous conditions exists [\[29 CFR 1926.651\(k\)\(2\)\]](#)



Daily Inspection Sheet for Harness/Hardware

Employee Name: _____

Week Of: _____

Harness Serial #: _____

Reporting Office: _____

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Satisfactory (S)	S U	S U	S U	S U	S U	S U	S U
Unsatisfactory (U)							
Belt/Harness	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Webbing: No tears, cuts/burns, or chemical exposures							
Buckles and Rivets: No deformities, missing springs, or abnormal wear	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D-Rings: No cracks, wear, or deformity	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Harness: Fits properly	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Lanyards							
Grommets: No excessive wear of deformity	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snap Hooks: Latch properly, no excessive wear / deformity	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Rope or Strap: No cuts, wear, fraying, chaffing, bunny fur, chemical exposure, ripping of unraveling braid	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>



Daily Inspection Sheet for Harness/Hardware

Hardware

Pelican Hook: Working safety catch, bar closes & latches, no wear or deformity

☐ ☐
☐ ☐
☐ ☐
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Safety Climb: Spring, chains and quick release pins for proper operations

☐ ☐
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☐ ☐

Spreader Bars/Chains: No visible damage or wear

☐ ☐
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Comments: _____.

Signature: _____

Date: _____



Daily Safety Inspection
Form

Project:	Date:
Superintendent:	On-site Safety Manager:


	Description	N/I*	OK	Comments/Correction Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

* Needs Improvement

Additional Comments: _____

_____.

Signature:	Date:
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	<h2>Daily Safety Inspection</h2> <h3>Form</h3>
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Project:	Date:
Superintendent:	On-site Safety Manager:


Description	N/I*	OK	Comments/Correction Date
1. Fall Protection			
2. Electrical – temporary panel, GFCI, no exposed wires			
3. Electrical tools/cords			
4. Ladders			
5. Scaffolds			
6. Personal protection equipment: hard hat, safety glasses, gloves, respirators (if needed)			
7. Site housekeeping, trip/slip hazards, puncture hazards, clear stairways			
8. Other			

*** Needs Improvement**

Additional Comments: _____

_____.

Signature:	Date:
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 <p>Building Excellence Since 1926</p>	<h2>Employee's Report of Injury Form</h2>
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Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related:	Injury	Illness	Near miss
Your Name:	Job title:		
Supervisor:			
Have you told your supervisor about this injury/near miss?	Yes	No	
Date of injury/near miss:	Time of injury/near miss:		
Names of witnesses (if any):			
Where, exactly, did it happen?			
What were you doing at the time?			



Employee's Report of Injury Form

Describe step by step what led up to the injury/near miss. (Continue on the back if necessary):

What could have been done to prevent this injury/near miss?

What parts of your body were injured? If a near miss, how could you have been hurt?

Did you see a doctor about this injury/illness?

Yes

No

If yes, whom did you see?

Doctor's phone number:

Date:

Time:

Address:

Has this part of your body been injured before?

Yes


No

If yes, when?:

Supervisor:

Your signature:

Date:

	<h2>Equipment Crime Prevention Checklist</h2>
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Worksite Name:	Worksite Location:
Inspected by:	Date:

Documentation	Yes	No
1. Up-to-date list of all equipment and other property insured?		
2. List includes original date of purchase?		
3. List includes original cost including accessories?		
4. List includes serial numbers?		
5. List includes location of serial or ID number on equipment?		
6. List includes model number?		
7. List includes description of equipment including size, weight and manufactures name?		
8. Current photographs of equipment available to help identification by authorities?		
9. A daily record of where equipment is located while on job sites?		
10. Inventory small tools on a weekly basis?		
Equipment Safeguards	Yes	No
1. Paint or mark equipment in unique way? (Bright color, company name, etc.)		
2. Punch or engrave equipment with your own ID numbers in two places? (One obvious and one hidden)		
3. Post warning notices on equipment advising all VIN numbers and serial numbers are recorded?		
4. Equipment includes anti-theft devices or double locking systems?		
5. Heavy equipment immobilized in an effective way when not in use? (Remove battery, starter, rotor)		
6. Equipment provided with anti-vandalism devices and locks? (Locking caps for fuel, oil, panels for instruments)		
7. Major pieces of equipment protected with alarm systems and/or LoJack type theft recovery systems?		
8. Is equipment locked at night and keys removed and parked under lights and with good visibility?		



Equipment Crime Prevention Checklist

Key Control and Security	Yes	No
1. Record kept of number of sets of keys you have for each piece of equipment?		
2. Specific individual accountable for key control?		
3. Keys to all equipment stored on job and yard accounted for and documented?		
4. Keys for equipment assigned to jobsites collected at the end of the day?		
5. Does daily report include statement as to the disposition of all equipment and keys?		
Yard and Jobsite Security	Yes	No
1. Maintain adequate firebreak or separation between equipment and other property stored overnight?		
2. Does jobsite have temporary lighting and fenced in on all sides and locked?		
3. A watchperson is employed at night and on weekends and holidays?		
4. Local police notified of your jobsite and requested to increase their surveillance?		
5. Installed "NO TRESPASSING" signs on the job site?		
6. Store small tools in locked tool crib, job trailer or secured gang box?		

Comments: _____.

Signature: _____	Date: _____
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Forklift Operator Checklist


Check these items daily or before you use the forklift. Indicate if each item is OK or if it needs to be corrected by a mechanic or vendor.

Make	TFS Number	FEPP Number

	OK	Needs to be corrected by mechanic or vendor
1. Visual check for leaks		
2. Fuel		
3. Engine Coolant		
4. Battery and Cables		
5. Fire Extinguisher		
6. Tires for inflation		
7. Inside cab clean		
8. Oil Levels		
9. Grease forks		
10. Pins on Forks		
11. Drive Belts		
12. Lights and Safety Equipment		
13. Wheel Lugs		
14. Hoses		
15. Water in Radiator		
16. Back-up Alarm/Horn		
17. Filters Clean if Needed		
18. Brakes/Clutch/Steering		
19. Parking Brake		
20. Seat Belt, if equipped		
21. Other (A)		
22. Other (B)		

After completion, send/file to/at:

Signature:	Date:
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	<h2>Hazard Communication</h2> <h3>Checklist</h3>
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Worksite Name:	Worksite Location:
Inspected by:	Date:

Written Program	Yes	No	N/A
1. Does your agency have a written hazard communication policy/program?			
2. Have you read and understood the requirements for the written program?			
3. Have you documented who will compile the chemical inventory and keep it current?			
4. Has the chemical inventory been compiled and kept current?			
5. Have you documented who has responsibility for obtaining/maintaining SDS's?			
6. Is a procedure in place for the review of SDS's of new products, before they are purchased, to determine the presence of carcinogenic or other extremely hazardous chemicals?			
7. Has the method of informing employees of the chemical hazards of performing non-routine tasks been documented?			
8. Has the method of informing onsite contractors of the hazardous materials stored or used on site, SDS's, and procedures for working safely around these chemicals been documented?			
9. Has a method of assuring information related to hazardous materials introduced into the work by contractors and service organization included within your program?			
10. Has a method been established of informing building occupants of hazardous material usages/construction activities to which they may be exposed/ inconvenienced included within the program?			
11. Does the written program describe how the requirements for labels and other forms of warning, SDS's, and employee information and training are going to be met?			
12. Is the written program made available to employees and their designated representatives?			
Labeling and Other Forms of Warning	Yes	No	N/A
1. Has someone been designated to assure that labels are legible, in English and prominently displayed on containers that you receive?			
2. Is there an audit system to periodically check for labels that may have fallen off or become unreadable?			
3. If you do any re-labeling, does the labeling system clearly convey the chemical name and hazard warning?			
4. Does each hazard warning contain "target organ effects"?			
5. Are employees informed of the hazards associated with chemicals contained in unlabeled pipes in their work areas?			



Hazard Communication

Checklist

Safety Data Sheets (SDS)	Yes	No	N/A
1. Do you have a material safety data sheet (SDS's) for each hazardous chemical used in your agency?			
2. Are the SDS's in English? (You may obtain copies in other languages as well)			
3. Have you evaluated your SDS's for obvious inaccuracies such as missing information?			
4. Are SDS's located in an area where they are immediately available to workers on all shifts?			
5. Is there a system in place for auditing the SDS books?			
6. Is there a system in place to ensure that SDS's are received with every new chemical that is brought into the work place?			
7. Are old SDS's replaced with updated sheets when they are received?			
8. Are SDS's or at least key information from them retained for at least 30 years?			
Employee Training	Yes	No	N/A
1. Have you selected a responsible person to do the training who is knowledgeable in hazard communication as well as familiar with the specific chemicals?			
2. Are all employees given training on general chemical hazards?			
3. Have you identified and trained those employees who must receive detailed training based on actual or potential exposure?			
4. Are employees trained at the time of their initial assignment and whenever a new chemical is introduced?			
5. Does the training explain how the hazard communication program is implemented in the workplace?			
6. Are employees taught how to read and interpret information on labels and the SDS's			
7. Are employees told how they can obtain and use the available hazard information?			
8. Does the training include measures employees can take to protect themselves from the hazards?			
9. Have employees been trained on what to do if they find an unlabeled container or no SDS for a product in the workplace?			
10. Does training include information on the existence of the OSHA Hazard Communication Standard and the requirements of the standard?			
11. Does the training include information on operations in work areas where hazardous chemicals are present?			
12. Does training include methods and observations that may be used to detect the presence or release of a hazardous chemical?			
13. Is all training documented, including a brief description of the training and trainer's name, and retained for a minimum of 30 years?			
Signature: _____ Date: _____			



Hazard Communication Training

Checklist

Information: <i>Has the employee been informed of the following?</i>	Yes	No	N/A
1. The requirements of this section.			
2. Any operation in the work area where hazardous substances are present.			
3. The location of the written Hazard Communication Program.			
4. Availability of the written program.			
5. Location and availability of hazardous substances list(s).			
6. Location and availability of Material Safety Data Sheets.			
Training: <i>Has the employee been trained in the following?</i>			
1. Methods and observations that may be used to detect the presence or release of hazardous substances in the work areas			
2. The physical and health hazards of the substances in the work areas.			
3. How employees can protect themselves from these hazards.			
4. Procedures the employer has implemented for employee protection.			
5. Appropriate work practices.			
6. Emergency procedures.			
7. Personal protective equipment to be used.			
8. Explanation of labeling systems.			
9. Explanation of material safety data sheets.			
10. How employees can obtain and use appropriate hazard information.			
11. Personal hygiene when working with substances.			
12. General first aid for contact with hazardous substances.			

Employee's Signature	Date
Manager's Signature	Date



Hot Work Permit

This permit is required for any temporary operation involving open flames or any task that produces heat and/or sparks. This includes but is not limited to brazing, cutting, grinding, soldering, use of propane torch, and all types of welding. Before conduction any hot work, please verify that there is no reasonable way in which the conduct the work in the approved welding area located in the Maintenance Shop. In addition, please follow appropriate Confined Space Program and/or Lockout/Tagout Program Requirements, if applicable. All permits expire 12 hours from the time hot work began.

The authorized Supervisor/Team Leader or Authorized Contractor Representative shall complete the Hot Work Permit, Which includes personal verification of all the precaution listed. The fire watch shall observe the hot work, and continue to check the affected area until 30 minutes after the work is complete, to verify the safety of the operation. The Supervisor and the Fire Watch must sign off on the permit where indicated.

Date:	
Time Hot Work Began:	Time Hot Work Ended:
Location (Area and/or Line):	
Nature of Hot Work (Welding, Cutting, etc.):	
Print Name/Company of Person Conduction Hot Work:	
Print Name/Company of Designated Fire Watch:	
Signature of Designated Fire Watch: <i>This certifies that the work area and all adjacent area where sparks and heat might have affected were inspected during Hot Work operation and for 30 minutes after work stopped to ensure no fires were generated as a result of the Hot Work performed</i>	
Supervisor/Team Leader/Designated Trained Contractor: <i>This certifies that I have verified the nature and duration of the Hot Work, and all appropriate precautions have been followed.</i>	
Manager/Designated Person by Site Manager: <i>Hot Work performed in a Hot Work High Hazard Area requires an additional authorizing signature. Combustibles must be moved or covered within 50 feet and non-working fire watch is required.</i>	

Required Precautions with 35 feet of all Hot Work Operations	
<input type="checkbox"/>	Sprinklers are in service
<input type="checkbox"/>	Fire extinguishers are available
<input type="checkbox"/>	Hot Work equipment is in good repair
<input type="checkbox"/>	It is not possible to perform work in the maintenance shop
<input type="checkbox"/>	All flammable liquids removed from area
<input type="checkbox"/>	All product (or chemical) dust/build-up removed. All oil removed. <i>This includes food grade oil (orange/lemon oil)</i>
<input type="checkbox"/>	All combustible liquids removed or protected with fire-resistant tarps
<input type="checkbox"/>	Floors are swept and clear of debris
<input type="checkbox"/>	Nearby personnel and equipment protected from sparks though the use of screens, barriers, and fire-resistant tarps
<input type="checkbox"/>	If welding on walls, construction is non-combustible and without combustible covering or insulation
<input type="checkbox"/>	If welding on metal walls, combustibles are removed form the opposite wall
<input type="checkbox"/>	All wall and floor openings are covered
<input type="checkbox"/>	Enclosed equipment is cleared of all combustibles
<input type="checkbox"/>	If welding on a grate overhead, there are fire watchers at both levels
<input type="checkbox"/>	Other affected Supervisor and/or Team Leaders were notified of this work



Incident Investigation Form

Incident Information

Date of Accident:	Time:	Day of Week:	Shift:	Department:
		<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	

Injured Person

Name: _____ Address: _____

Age: _____ Phone: _____

Job Title: _____

Supervisor _____ Name: _____

Length of Employment at Company: _____

Length of Employment at Job: _____

Employee Classification: ☐ Full Time ☐ Part Time ☐ Contract ☐ Temporary

Nature of Injury

- ☐ Strain/Sprain
☐ Fracture
☐ Laceration/Cut

- ☐ Bruising
☐ Scratch/Abrasion
☐ Amputation
☐ Burn/Scald

- ☐ Dislocation
☐ Internal
☐ Foreign Body
☐ Chemical Reaction

☐ Other (specify) _____

Injured Body Part: _____

Remarks: _____


Treatment

- ☐ First Aid
☐ Emergency Room
☐ Dr.'s Office

Name and Address of Treating Physician or Facility: _____

☐ Hospitalization

Damaged Property	
Damaged Property, Equipment or Material	Describe Damage

	<h1>Incident Investigation</h1> <h2>Form</h2>
--	---

Object or Substance Inflicting Damage:

Describe what happened (attach photos or diagrams as helpful)

Root Cause Analysis (Check All that Apply)

- | | | |
|-----------------------------------|---------------------------------------|--|
| 1. Improper work technique | 17. Poor workstation design or layout | 33. Lack of written procedures or policies |
| 2. Safety rule violation | 18. Congested work area | 34. Safety rules not enforced |
| 3. Improper PPE or PPE not used | 19. Hazardous substances | 35. Hazards not identified |
| 4. Operating without authority | 20. Fire or explosion hazard | 36. PPE unavailable |
| 5. Failure to 'warn or secure | 21. Inadequate ventilation | 37. Insufficient worker training |
| 6. Operating at improper speeds | 22. Improper material storage | 38. Insufficient supervisor training |
| 7. By-passing safety devices | 23. Improper tool or equipment | 39. Improper maintenance |
| 8. Guards not used | 24. Insufficient knowledge of job | 40. Inadequate supervision |
| 9. Improper loading or placement | 25. Slippery conditions | 41. Inadequate job planning |
| 10. Improper lifting | 26. Poor housekeeping | 42. Inadequate hiring practices |
| 11. Servicing machinery in motion | 27. Excessive noise | 43. Inadequate workplace inspection |
| 12. Horseplay | 28. Inadequate guarding of hazards | 44. Inadequate equipment |
| 13. Drug or alcohol use | 29. Defective tools/equipment | 45. Unsafe design or construction |
| 14. Unnecessary haste | 30. Insufficient lighting | 46. Unrealistic scheduling |
| 15. Unsafe act of others | 31. Inadequate fall protection | 47. Poor process design |
| 16. Other: | 32. Other: | 48. Other: |

Incident Analysis

Using the root because analysis list on the previous list, explain the cause(s) of the incident in as much detail as possible.



Incident Investigation Form

How bad could the accident have been?

☐ Very Serious ☐ Serious ☐ Minor

What is the chance of the accident happening again?

☐ Frequent ☐ Occasional ☐ Rare

Preventive Actions

Describe actions that will be taken to prevent recurrence.

Deadline

By Whom

Complete

Investigation Team

Signature: _____ Name: _____ Position: _____



- ☐ Injury
- ☐ Incident
- ☐ Equipment/Property Damage
- ☐ Close Call / Near Hit

Incident Reporting and Investigation Form

10/12/10, Page 1 of 3

Fill Out All Blocks. Be as specific as possible and include drawings, photos, additional narrative, as needed.

Building:

CP:

SUPERVISOR CONTACT INFORMATION

Reporting Supervisor / Investigator Name:

Title:

Directorate / Dept:

Ext:

Mailstop:

Date of Incident:
(mo/day/yr)

Time of Incident:

☐ a.m. ☐ p.m.

Time of Report:

☐ a.m. ☐ p.m.

Date of Report: (mo/day/yr)

Contractor involved? If yes, name and contact information:

INJURED PARTY

If no injury, check box and skip this section.

☐ No injury

Injured Party's Name & Title:

Injured Party's Contact Information:

Nature of Injury/Illness:

☐ Dislocation

☐ Heat Related Illness

Treatment:

Name & Address of Treating Dr. / Facility

☐ Strain/Sprain

☐ Internal

☐ Other (Specify)

☐ First-Aid

☐ Fracture

☐ Burn/Scald

☐ E. R.

☐ Laceration/Cut

☐ Foreign Body

☐ Dr.'s Office

☐ Bruising

☐ Chemical Reaction

☐ Hospital Stay

Remarks:

☐ Scratch/Abrasion

☐ Allergic Reaction

Body Part Injured(s):

☐ Amputation

☐ Concussion

WITNESSES AND/OR WITNESS STATEMENT

Witnesses (name and contact information)

Witness statement attached?

☐ Yes ☐ No

PROPERTY DAMAGE

List property / material damaged (use control numbers if available):

Nature of damage:

Object / substance inflicting damage:

Approximate cost:

THE INCIDENT (Use Additional Paper as Needed, Reference Below and Attach)

Describe what happened. (Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how.)



Incident Reporting and Investigation Form

10/12/10, Page 2 of 3

Why did it happen? (Root Cause Analysis) (What was the root cause of the incident, i.e., actually caused the illness, injury, or incident?)

Unsafe Acts	Unsafe Conditions	Management System Deficiencies
<input type="checkbox"/> Improper Work Technique	<input type="checkbox"/> Poor Workstation Design or Layout	<input type="checkbox"/> Lack of Written Procedures or Safety Rules
<input type="checkbox"/> Improper PPE, Not Used or Used Incorrectly	<input type="checkbox"/> Fire or Explosion Hazard	<input type="checkbox"/> Safety Rules Not Enforced
<input type="checkbox"/> Safety Rule Violation	<input type="checkbox"/> Congested Work Area	<input type="checkbox"/> Hazards Not Identified
<input type="checkbox"/> Operating Without Authorization	<input type="checkbox"/> Hazardous Substances	<input type="checkbox"/> PPE Unavailable
<input type="checkbox"/> Failure to Warn or Secure	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Insufficient Worker Training
<input type="checkbox"/> Operating at Improper Speeds	<input type="checkbox"/> Improper Material Storage	<input type="checkbox"/> Insufficient Supervisor Training
<input type="checkbox"/> By-Passing Safety Devices	<input type="checkbox"/> Improper Tool or Equipment	<input type="checkbox"/> Improper Maintenance
<input type="checkbox"/> Guards Not Used	<input type="checkbox"/> Insufficient Job Knowledge	<input type="checkbox"/> Inadequate Supervision
<input type="checkbox"/> Improper Loading or Placement	<input type="checkbox"/> Slippery Conditions	<input type="checkbox"/> Insufficient Job Planning
<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Inadequate Hiring Practices
<input type="checkbox"/> Servicing or Adjusting Machinery in Motion	<input type="checkbox"/> Excessive Noise	<input type="checkbox"/> Poor Process Design
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inadequate Guarding of Hazards	<input type="checkbox"/> Inadequate Workplace Inspections
<input type="checkbox"/> Drug or Alcohol Use	<input type="checkbox"/> Defective Tools/Equipment	<input type="checkbox"/> Inadequate Equipment
<input type="checkbox"/> Unsafe Act(s) of Others	<input type="checkbox"/> Insufficient Lighting	<input type="checkbox"/> Unsafe Design or Construction
<input type="checkbox"/> Unnecessary Haste	<input type="checkbox"/> Inadequate Fall Protection	<input type="checkbox"/> Unrealistic Scheduling
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

List immediate actions taken and results.

What should be done to prevent a recurrence? (Be specific as to what would prevent the injury, incident or damage from occurring again)

CORRECTIVE ACTIONS TRACKING (All Blocks Must be Filled In and Information Verifiable)

List action(s) that have or will be taken to prevent a recurrence.	Assigned To Whom	Scheduled Completion Date	Actual Completion Date	Follow-up Date

JOB HAZARD ANALYSIS REVIEW

Is there a JHA that applies to the **task** being performed when the injury or incident occurred?

☐ Yes ☐ No

If yes, review the JHA, answer the following questions, and attach a copy to this report.

If no, please explain why the JHA was not required for the task.

Were hazards sufficiently identified? If not, please explain.

☐ Yes ☐ No

Were identified controls adequate and implemented? If not, please explain.

☐ Yes ☐ No

Were the identified controls not implemented? If not, please explain.


☐ Yes ☐ No

INVESTIGATION TEAM *(Print and Sign)*

Signature	Name	Title


cc:

Attachments


	<h2>Job Start-Up Checklist</h2>
--	---------------------------------

Worksite Name:	Worksite Location:
Inspected by:	Date:

Worksite	Yes	No
1. OSHA/TWCC Posters displayed in prominent location?		
2. Emergency telephone numbers posted?		
3. Emergency evacuation routes identified and posted?		
4. Local fire department notified of job activities?		
5. Safety signs/warnings posted where appropriate?		
6. First aid kits available, adequately stocked, and identified?		
7. List of employees with current CPR/First Aid cards posted?		
8. Occupational clinic identified and introductory visit made?		
9. Local hospitals identified?		
10. Fire extinguishers located, identified, and regularly inspected?		
11. M.S.D.S. Station established and identified?		
12. Eye wash station established and identified?		
Management Programs	Yes	No
1. Corporate safety manual on site?		
2. Written policy statement signed by management?		
3. Copy of signed policy provided to new employees?		
4. Individual(s) responsible for implementation and enforcement of the accident prevention plan identified?		
5. Written drug/substance abuse policy distributed to employees?		
6. Employee/Supervisor responsibilities and authority assigned?		


	<h1>Job Start-Up Checklist</h1>
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7. Procedures established for employee safety and health complaints?		
Recordkeeping	Yes	No
1. OSHA 200 log available with procedures/responsibilities established?		
2. Procedures in place to conduct and maintain records of:		
a. Site/facility safety inspections?		
b. Safety meeting minutes?		
c. Job Hazard Analysis?		
d. Accident investigations		
e. Emergency response drills		
f. Hot work permits?		
g. Confined space entry permits?		
h. Utility locates?		
i. Equipment and Tools?		
j. Vehicle inspections?		
k. Fire suppression equipment?		
3. Employee records file contains:		
a. Up-to-date medical records in accordance with OSHA requirement?		
b. Record of exposure to hazardous substances or harmful physical agents?		
c. Training records that are available for review?		
Employee Health & Safety Training	Yes	No
1. All workers received job site safety orientation?		
2. All new employees received company orientation training?		

	<h2>Job Start-Up Checklist</h2>
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3. All employees received and documented required training:		
a. Emergency action plan?		
b. Equipment operation?		
c. Hazard communication?		
d. Hearing conservation?		
e. Location and use of emergency equipment?		
f. Personal protective equipment?		
g. Work area hazards?		
4. Employees receive refresher training at least annually?		
5. Employees participate in regularly scheduled safety meetings/training?		
6. Management participates and provides resources in employee training?		
7. Employees instructed on procedures to report unsafe conditions, acts, etc.?		
Accident Investigation	Yes	No
1. Have accident investigation guidelines been established and are forms available?		
2. Were all accidents and "near misses" investigated?		
3. Have supervisors received training on accident investigation/ hazard abatement?		
4. Have responsibilities been assigned for all phases of investigation process:		
a. Who conducts investigations/completes report?		
b. Who completes records/logs?		
c. Who ensures corrective action recommendations have been implemented?		

Signature:	Date:
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	<h2>Machine Safeguarding Assessment</h2>
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Assessor:	Date:
Area/Location:	

M&E – machinery and equipment; N/I = needs improvement; see additional notes below at*.


Item	Yes	N/I	N/A	Comments/Action	Date Completed
1. Written program is current and addresses M&E in area					
2. Layout of shop/area is adequate for personnel safety					
3. New M and/or E has been added to inventory and a risk assessment is complete					
4. M&E has been properly anchored in position					
5. M-specific checklists are used for inspections by supervisors at what intervals?					
6. M&E appears in safe operating condition					
7. Labels/placards in good condition are provided					
8. Operators have completed required qualification standards/training					
9. Operators and maintenance personnel have completed LOTO training as required					
10. Written procedures exist for each piece of equipment subject to LOTO					
11. M&E guards are properly installed and used where required					
12. Machine safeguards are provided and used where required					
13. Guards/safeguards are in satisfactory condition and are functional					
14. M&E are protected from falling objects					
15. Emergency stops are located appropriately and are protected from accidental activation					
16. Operators and maintenance personnel are issued and use PPE as needed.					
17. Accidents involving M&E are investigated and appropriate controls are implemented.					

*Safeguarding includes: M&E that has gears, sprockets, chains, belts, bands, pulleys, clutches, wheels shafting, spindles, couplings, counterweights, revolving or reciprocating parts and other dangerous points or projections must be appropriately guarded.

*All M&E that has sheering, pressing, squeezing or cutting action where operator's hands are in/near the point of operation must be appropriately guarded at the point of operation.

*All roller-fed M&E where operator's hands are in/near the point of operation must be appropriately guarded.

Signature:	Date:
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	<h2>Monthly Hoist Hook Inspection Report</h2>
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Project Name:	Project Location:
Inspected by:	Date of Inspection:
Type of Crane:	Capacity (Tons):
Hoist #	Manufacturer's Serial #

Check These Deficiencies	Satisfactory	Unsatisfactory
1. If hook throat opening has increased by 15%, the hook must be replaced.		
2. If load-bearing point has been worn by 10%, the hook must be replaced.		
3. Inspect hook tip. If it is twisted by 10% or more, the hook must be replaced.		
4. Check for excessive damage from chemicals and for deformation and cracks.		
5. Check for and replace damaged, inoperative, or missing hook latches.		

Comments: _____

Signature:	Date:
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Operator Performance Evaluation Checklist

Operator Name:	Date:	Evaluator:
Job Site:	Location:	Evaluator Title:

Aerial Boom Lifts

	Poor		Average		Good
1. Employee understands machine capacity and the grades the lift may be safely operated on, as indicated on the placard near the basket.	1	2	3	4	5
2. Employee understands each control and its specific function	1	2	3	4	5
3. Employee can smoothly move machine in forward & reverse	1	2	3	4	5
4. Employee can smoothly extend and retract boom	1	2	3	4	5
5. Employee can smoothly move elevated boom to right & left	1	2	3	4	5

Scissors Platform Lifts

	Poor		Average		Good
1. Employee understands machine capacity and the grades the lift may be safely operated on, as indicated on the placard located near the lift controls.	1	2	3	4	5
2. Employee understands each control and its specific function.	1	2	3	4	5
3. Employee can smoothly maneuver lift forward & reverse.	1	2	3	4	5
4. Employee can smoothly raise and lower the lift.	1	2	3	4	5
5. Employee can demonstrate how the emergency ground controls function.	1	2	3	4	5


Industrial Forklift

	Poor		Average		Good
1. Employee understands how to read the forklift load chart.	1	2	3	4	5
2. Employee can smoothly operate lift in forward & reverse.	1	2	3	4	5
3. Employee can safely raise and lower a load.	1	2	3	4	5
4. Employee can tilt forks.	1	2	3	4	5
5. Employee understands all forklift warning and caution decals.	1	2	3	4	5

Rough Terrain Forklift

	Poor		Average		Good
1. Employee understands how to read the forklift load chart.	1	2	3	4	5
2. Employee can extend and retract forks with a load.	1	2	3	4	5
3. Employee can raise and lower boom with a load.	1	2	3	4	5
4. Employee can tilt forks.	1	2	3	4	5
5. Employee understands all forklift warning and caution decals.	1	2	3	4	5

Signature:	Date:
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 <p>Building Excellence Since 1926</p>	<h2 style="margin: 0;">Permit Required Confined Space Entry Permit</h2>
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Project Name:	
Number:	Project Location
Completed By:	Date:

Location:	Type of Space:	
Reason for Entry:		
Atmospheric Hazards:	Oxygen deficiency	
	Chemical/Biologic	
	Toxic contaminants	
	Noise	
	Combustible Gas	
	Other:	
Physical Hazards:	Mechanical	
	Electrical	
	Heat	
	Personal Protective Equipment	
	Other	
Hazard Controls:	Ventilation	
	Lockout/Tagout	

Beginning Date	Beginning Time		Ending Date	Ending Time	
	A.M.	P.M.		A.M.	P.M.
Authorized Personnel:					
Entrants' Names with Dept./Shop/Company			Attendants' Names with Dept./Shop/Company		
<i>Required Equipment:</i>					
Communication Methods with Entrants:					
Voice		Rope Signals		Phone	
Radio		Other			



Permit Required Confined Space Entry Permit

Communication Methods to Contact Emergency Services:

Phone Radio Other:

Personal Protective Equipment:

Coveralls	<input type="text"/>	Leather Gloves	<input type="text"/>	Welding Gloves	<input type="text"/>	Welding hood	<input type="text"/>
Tyvek® suit	<input type="text"/>	Chemical Resistant Gloves	<input type="text"/>	Hearing protection	<input type="text"/>	Respiratory protection	<input type="text"/>
Hard Hat	<input type="text"/>	Harness/life line	<input type="text"/>	Tripod/winch	<input type="text"/>	Eye Protection	<input type="text"/>
Safety Shoes/Boots	<input type="text"/>	Other	<input type="text"/>				

Traffic Control:

Barricades	<input type="text"/>	Vests	<input type="text"/>	Yes (Hot Works Permit required)	<input type="text"/>
Flags	<input type="text"/>	Signs	<input type="text"/>	No (Hot Works Permit NOT required)	<input type="text"/>

Hot Works:

Atmospheric Testing: Type of Gas Monitor: Date of Last Calibration:

Tests	Acceptable Entry Conditions	1st	2nd	3rd	4th	5th	6th	7th	8th
Oxygen	19.5-23.5%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Combustible Gas	Below 10% LEL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Carbon Monoxide	0-25 ppm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Initials of Tester	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Approvals

Entry Supervisor: Print Name:
Sign:


I assumed the responsibility of Entry Supervisor on (DATE)/(TIME)

Entry Supervisor: Print Name:
Sign:

This Confined Space Entry Permits has been Revoked because:

Entry Supervisor: Print Name:
Sign:

Comments:

	<h2>Personal Protective Equipment Issued Checklist</h2>
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Project Name:	Project Location:
Employee Name:	Date:

I have received the following personal protective equipment for my safety on this project:


<input type="checkbox"/> Hard Hat with Suspension	<input type="checkbox"/> Gloves
<input type="checkbox"/> Winter Liner	<input type="checkbox"/> Rain Gear
<input type="checkbox"/> Body Harness with Lanyard	<input type="checkbox"/> Rubber Boots
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Foot Guards
<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Traffic Vest
<input type="checkbox"/> Burning Goggles	<input type="checkbox"/> Hearing Protection (muffs)
<input type="checkbox"/> Welding Hood	<input type="checkbox"/> Back Support Belt
<input type="checkbox"/> Full Face Shield	<input type="checkbox"/> Other:
<input type="checkbox"/> Respirator	

Note: Items listed above may not be necessary for all employees.

I agree to use this safety equipment as is required by OSHA, State, Local and Company safety regulations. I also agree to care for and maintain this equipment in good condition. I understand that any unserviceable safety equipment may be turned in for new equipment, but if lost, must be replacing at my own expense. Upon termination of my employment with the company, I agree to return all equipment to my supervisor.

Employee's Signature: _____ Date: _____

Issuer's Signature: _____ Date: _____

	<h1 style="text-align: center;">Pre-Excavation</h1> <h2 style="text-align: center;">Checklist</h2>
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Project Name:	Project Location:
Inspected by: (Competent person)	Date of Inspection:

<ol style="list-style-type: none"> 1. Complete and sign this sheet PRIOR to excavating. 2. Do NOT dig without locate marks. 3. Before you leave the shop, obtain locate numbers and check to see if locates have been completed (look at due date). 4. Make sure you have a field sketch or if one were left at job site.

If you do not have what you need as listed above, do NOT leave the shop. See your Supervisor.

On the Job Site

Pre-Survey (checking for locates)

1. Check for field sketch.
2. Check for all facility marks on ground.
3. Verify all service feeds from buildings and homes and that they have been located and/or that they are aerial.
4. Draw a sketch of the marked facilities for future use.
5. Check for any visible signs of pedestal, riser, and new trench lines that may have been missed in your dig area.
6. Check to make sure that dig area is defined and is same on locate sketch when possible.
7. Check for any private facilities not located. If they are not located, locate them or contact someone to get them located.
8. If there are high priority facilities in your dig area, make sure facility owner/locator is on job site and/or has been contacted for advice

If lines are NOT located completely, consult locate card and contact responsible party.

Public and Private Utilities

1. Ask for assistance from homeowner and utilize locating equipment and use common sense.
2. Locate septic lines.
3. Locate water yard lines.
4. Locate private power lines to sheds, wells, invisible fences, etc.
5. Locate private gas or propane lines.
6. Locate sprinkler lines and heads and drip systems.
7. Draw a sketch of locations for all private facilities on job site.
8. Locate telecommunication cable (TV, Telephone, fiber optics, etc.)



Pre-Excavation

Checklist

Excavating

1. If paralleling or working on a critical or high priority line, pot hole or use locating equipment to expose and verify location and depth of facility every 100 feet.
2. Hand dig within 24 inches (or as required in your state) of lines, peds, pole risers, meters or other structures.
3. Bore away from facilities.
4. Verify depth of any facilities boring across, change route or depth as required, notify supervisor.
5. Do not place excavated dirt on locate marks, flags, whiskers, etc.
6. Support all lines exposed during excavation to avoid kinks or other damage.


Backfilling

1. Shade all lines placed or exposed with good fill dirt.
2. Verify all fill dirt is free from rocks, cable trash, crew trash, and large dirt clods.

Please Dig Safety: As an excavator, YOU are responsible for verifying that all facilities within the dig area have been located. YOU are responsible for locating all private and public facilities.

Signature:

Date:

	<h2 style="text-align: center;">Pre-Lift Checklist for Suspended Personnel Platforms</h2>
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Project Name:	Project Location:
Crane Operator:	Date:

Crane Set Up	Yes / No	Action/Comments
1. Crane has been leveled and outriggers fully deployed.		
2. Total weight of the load does not exceed 50% of rated capacity of the crane.		
3. Two means of controlling decent of platform are available to prevent free fall, brakes and another automatic means.		
4. Variable angled booms have boom angle indicator.		
5. Telescoping boom has boom length clearly indicated		
6. Anti-two-blocking device prevents load block and boom tip contact		
7. Load line has device that regulates the lowering rate of speed, prevents free fall.		
8. When wire rope bridle/rigging is used it connects to a master link, not directly to the personnel platform.		
9. Hook on overhaul ball is closed and locked.		
Trial Lift Proof Testing		
1. Trial lift with the unoccupied personnel platform loaded to anticipated weight.		
2. Platform lifted to each location at which the personnel platform is to be hoisted.		
3. Hoist ropes are free of kinks and multiple part line is not twisted around each other.		
4. No slack in load rope around drums.		
5. Visual inspection of platform and crane after trial lift test looking for defects.		
6. At each job site, platform tested to 125% of platform-rated capacity by holding it in a suspended position for five minutes, PRIOR to hoisting employees on the platform.		

The crane operator, employees to be lifted and any other workers involved, must attend the meeting. It needs to be held prior to the Trial Lift and at each new work location for newly assigned employees or workers.

Attendance:

- 1.
- 2.
- 3.
- 4.

Signature:	Date:
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Rolling Tower Inspection Checklist Form

Worksite Name:	Worksite Location:
Inspected by:	Date:

	Yes	No	Action/Comments
1. Scaffold components and planking in safe condition for use and planks graded for scaffold use?			
2. Competent person in charge of erection and inspection?			
3. Tower level and plumb?			
4. Tower height less than four times the minimum base width?			
5. Casters of proper size with effective locking devices that are locked when in use?			
6. Screw jacks extended less than 12 inches?			
7. Casters and all frames locked together?			
8. Guard railing in place on all open sides and ends?			
9. Horizontal diagonal bracing been positioned properly at base and intermediate levels of 20 feet?			
10. Material secured before moving the scaffold?			
11. Platform fully planked and toe boards provided where necessary?			
12. Employees removed from the scaffold before it is moved?			
13. Scaffold free of makeshift devices or ladders to increase height?			
14. Conditions such as power lines, wind loading, etc. controlled?			
15. Safe ways to get on and off the scaffold without climbing on cross braces?			
16. Personnel instructed in the safe use of the equipment?			

Signature:	Date:
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	<h2 style="text-align: center;">Roofing and Carpentry</h2> <h3 style="text-align: center;">Checklist form</h3>
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The most widely accepted way to identify hazards is to conduct safety and health inspections. That's because the only way to be certain of an actual situation is to look at it directly on a regular basis. Self-inspection is essential if you are to know where probable hazards exist and whether they are under control.

I. Safety And Health Management Systems		
Y	N	1. Do you have an active safety and health program in operation that includes general safety and health program elements as well as the management of hazards specific to your work-site?
		2. Is one person clearly responsible for the safety and health program?
		3. Do you have a safety committee or group made up of management and labor representatives that meet regularly and reports in writing on its activities?
Comments/Corrective Action:		
II. Scaffolds		
Y	N	1. Are scaffolds and scaffold components capable of supporting, without failure, its own weight and at least 4 times the maximum intended load applied or transmitted to it?
		2. Are scaffolds designed by a qualified person and constructed and loaded in accordance to it's' design?
		3. Are platforms on all working levels of scaffolds fully planked or decked between the front uprights and the guardrail supports?
		4. Are scaffold platforms and walkways at least 18 inches wide?
		5. Are platforms erected so that gaps between plank units and/or uprights are no more than 1 inch wide?
		6. Are front edges of all platforms not more than 14 inches from the face of the work, unless guardrail systems are erected along the front edge and/or personal fall arrest systems are used?
		7. Is the maximum distance from the face for outrigger scaffolds no more than 3 inches; and for plastering and lathing operations no more than 18 inches?
		8. Is each end of a platform extended over the centerline of its support at least 6 inches (unless cleated or otherwise restrained by hooks or equivalent means)?
		9. Is each end of a platform 10 feet or less in length extended no more than 12 inches over its support?
		10. Are ends of platforms greater than 10 feet in length extended no more than 18 inches over its support?



Roofing and Carpentry

Checklist form

		11. Are scaffold planks ends (abutted to create a long platform) resting on a separate support?
		12. On scaffolds that change direction (such as turning a corner), are platforms that rests on bearers NOT on a right angle laid first and then platforms that rest at right angles laid on top of the first platform?
		13. Are wood platforms free from opaque finishes (except for identification purposes)?
		14. Are scaffold components manufactured by different manufacturers not intermixed unless the components fit together without force and the scaffold's structural integrity is maintained by the user; and are the components of the scaffold manufactured by different manufacturers not modified in order to intermix them unless a competent person determines the resulting scaffold is structurally sound?
		15. Are scaffold components made of dissimilar metals NOT used together, unless a competent person has determined that galvanic action will not reduce the strength of any component to a level below that required (to be capable of supporting, without failure, its own weight and at least 4 times the maximum intended load applied or transmitted to it)?
		16. Are supported scaffolds with a height to base width (including outrigger supports, if used) ratio of more than four to one (4:1), restrained from tipping by guying, tying, bracing, or equivalent means?
		17. Do supported scaffold poles, legs, posts, frames, and uprights bear on base plates AND mud sills or other adequate firm foundation?
		18. Are footings leveled, sound, rigid, and capable of supporting the loaded scaffold without settling or displacement?
		19. Are only stable objects used to support scaffolds or platform units?
		20. Are only stable objects used as working platforms?
		21. Are supported scaffold poles, legs, posts, frames, and uprights plumb and braced to prevent swaying and displacement?
		22. Is safe access (e.g., portable ladders, hook-on ladders, ramps, walkways, etc.) provided to scaffolding platforms, when the platforms are more than 2 feet above or below a point of access?
		23. Are cross braces not used as a means of access?
		24. Is portable, hook-on and attachable ladders positioned so as not to tip the scaffold?
		25. Is hook-on and attachable ladders specifically designed for use with the type of scaffold used?
		26. Do stairway type ladders have a minimum step width of 16 inches, except that mobile scaffold stairway-type ladders have a minimum step width of 11 1/2 inches; and have slip-resistant treads on all steps and landings?
		27. Is a stair rail consisting of an adequate top rail and an adequate midrail provided on each side of each scaffold stairway?
		28. Are handrails and top rails that serve as handrails provided with an adequate handhold for employees grasping them to avoid falling?
		29. Are stair rail systems and handrails surfaced to prevent injury to employees from punctures or lacerations, and to prevent snagging of clothing?
		30. Is a landing platform at least 18 inches wide by at least 18 inches long provided at each level?
		31. Is each scaffold stairway at least 18 inches wide between stair rails?
		32. Are treads and landings provided with slip-resistant surfaces?
		33. Are stairways installed between 40 degrees and 60 degrees from the horizontal?
		34. Are guardrails of proper construction provided on the open sides and ends of each landing?
		35. Are integral prefabricated scaffold access frames <u>specifically designed and constructed</u> for use as ladder rungs?



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Checklist form

		36. Are scaffolds and scaffold components inspected for visible defects by a competent person before each work shift, and after any occurrence that could affect a scaffold's structural integrity?
		37. Is any part of a scaffold that has been damaged or weakened immediately repaired or replaced, or removed from service until repaired?
		38. Are scaffolds not allowed to be moved horizontally while employees are on them, unless a registered professional engineer has designed them specifically for such movement?
		39. Are scaffolds erected, moved, dismantled, or altered only under the supervision and direction of a competent person qualified in scaffold erection, moving, dismantling or alteration?
		40. Are employees prohibited from working on scaffolds covered with snow, ice, or other slippery material except as necessary for removal of such materials?
		41. Are tag lines or equivalent measures used to control the swinging loads?
		42. Is work on or from scaffolds prohibited during storms or high winds unless a competent person has determined that it is safe for employees to be on the scaffold and those employees are protected by a personal fall arrest system or wind screens? Windscreens shall not be used unless the scaffold is secured against the anticipated wind forces imposed.
		43. Are ladders and other makeshift devices not used on top of scaffold platforms to increase the working level height of employees?
		44. Are employees who perform work while on a scaffold trained by a person qualified in the subject matter to recognize the hazards associated with the type of scaffold being used and to understand the procedures to control or minimize those hazards?
		45. Are employees involved in erecting, disassembling, moving, operating, repairing, maintaining, or inspecting a scaffold trained by a competent person to recognize any hazards associated with the work in question?
		46. Are employees retrained so that the requisite proficiency is gained, when the employer has reason to believe that an employee lacks the skill or understanding needed for safe work involving the erection, use or dismantling of scaffolds?

Comments/Corrective Action:

III. Fall Protection

Y	N	1. Do you have a fall protection plan that effectively protects employees performing leading-edge work, precast concrete erection, or residential construction? <i>Please note that alternative fall protection methods <u>can only be used</u> if the employer can demonstrate the infeasibility of conventional fall protection or that it creates a greater hazard. If so, please complete section IV below, otherwise complete this section.</i>
		2. Are employees doing construction work at a height of 6 feet or more above lower levels protected from falls by use of conventional fall protection which includes standard guardrails, safety net systems or personal fall arrest systems?
		3. Are the walking/working surfaces on which employees are working on have the strength and structural



Roofing and Carpentry

Checklist form

		integrity to support the employees safely?
		4. Are employees on walking/working surfaces (horizontal and vertical surfaces) with an unprotected side or edge which is 6 feet or more above a lower level protected from falling by the use of guardrail systems, safety net systems, or personal fall arrest systems?
		5. Are employees constructing a leading edge 6 feet or more above lower levels protected from falling?
		6. Are employees on walking/working surfaces 6 feet or more above lower level where leading edges are under construction (but whom are not engaged in the leading edge work) protected from falling?
		7. Are employees in a hoist area protected from falling, either by a guardrail system or a personal fall arrest system?
		8. Are employees on walking/working surfaces protected from falling through holes (including skylights) more than 6 feet above lower levels, either by personal fall arrest systems, covers, or guardrail systems erected around such holes?
		9. Are employees on a walking/working surface protected from tripping-in or stepping-into or through holes (including skylights) by structurally sound covers?
		10. Are employees working above dangerous equipment protected from falling into or onto the dangerous equipment by guardrail systems or by equipment guards?
		11. Are employees engaged in roofing activities on low-slope roofs, with unprotected sides and edges 6 feet or more above lower levels protected from falling by guardrail systems, safety net systems, personal fall arrest systems, or a combination of warning line system and guardrail system, warning line system and safety net system, or warning line system and personal fall arrest system, or warning line system and safety monitoring system? Or on roofs 50 feet or less in width, by the use of a safety monitoring system alone?
		12. Are employees on a steep roof with unprotected sides and edges 6 feet or more above lower levels protected from falling by guardrail systems with toeboards, safety net systems, or personal fall arrest systems?
		13. Are employees engaged in residential construction activities 6 feet or more above lower levels protected from falling by guardrail systems, safety net systems, or personal fall arrest systems?
		14. Are employees working on, at, above, or near wall openings (including those with chutes attached) where the outside bottom edge of the wall opening is 6 feet or more above lower levels and the inside bottom edge of the wall opening is less than 39 inches above the walking/working surface protected from falling by guardrail systems, safety net systems, or personal fall arrest systems?
		15. Are personal fall arrest systems and positioning device systems inspected before each use?
		16. Does a competent person train each employee? <i>Training should include the nature of fall hazards in the work area; the correct procedures for erecting, maintaining, disassembling, and inspecting the fall protection systems to be used; the use and operation of guardrail systems, personal fall arrest systems, safety net systems, warning line systems, safety monitoring systems, controlled access zones, and other protection to be used; the role of each employee in the safety monitoring system when this system is used; the limitations on the use of mechanical equipment during the performance of roofing work on low-sloped roofs; the correct procedures for the handling and storage of equipment and materials and the erection of overhead protection; the role of employees in fall protection plans; the fall protection standards contained in Subpart M.</i>
		17. Did the employer certify fall protection training by preparing a written certification record?

Comments/Corrective Action:



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IV. Guardrails

Y	N	
		1. Is the top edge height of top rails, or equivalent guardrail system members 42 inches plus or minus 3 inches above the walking/working level?
		2. Is the top edge height of the top rail, or equivalent member, increased an amount equal to the height of the stilts, ladders etc. from which an employee may be working?
		3. Are midrails, screens, mesh, intermediate vertical members, or equivalent intermediate structural members installed between the top edge of the guardrail system and the walking/working surface when there is no wall or parapet wall at least 21 inches high?
		4. Are midrails installed at a height midway between the top edge of the guardrail system and the walking/working level?
		5. Is guardrail systems capable of withstanding, without failure, a force of at least 200 pounds applied within 2 inches of the top edge, in any outward or downward direction, at any point along the top edge?
		6. Do midrails, screens, mesh, intermediate vertical members, solid panels, and equivalent structural members capable of withstanding, without failure, a force of at least 150 pounds applied in any downward or outward direction at any point along the midrail or other member?
		7. Are guardrail systems surfaced to prevent injury to an employee from punctures or lacerations, and to prevent snagging of clothing?
		8. Are top rails and midrails at least one-quarter inch nominal diameter or thickness?
		9. Is wire rope used for top rails flagged at no more than 6-foot intervals with high-visibility material?
		10. Are guardrails systems when used at hoisting areas equipped with a chain, gate or removable guardrail section placed across the access opening between guardrail sections when hoisting operations are not taking place?
		11. Are guardrail systems, when used at holes, erected on all unprotected sides or edges of a hole?
		12. Are guardrail systems used around holes that are used as points of access (such as ladder ways), provided with a gate, or be so offset that a person cannot walk directly into the hole?
		13. Are manila, plastic or synthetic rope being used for top rails or midrails inspected as frequently as necessary to ensure that it continues to meet the strength requirements?

Comments/Corrective Action:

V. Personal Fall Arrest Systems

Y	N	
		1. Are body belts prohibited as part of a personal fall arrest system? <i>Note: The use of a body belt in a positioning device system is acceptable.</i>
		2. Is personal fall arrest systems inspected prior to each use for wear, damage and other deterioration, and defective components removed from service?
		3. Do connectors have a corrosion-resistant finish, and all surfaces and edges smooth to prevent damage to interfacing parts of the system?
		4. Do dee-rings and snaphooks have a minimum tensile strength of 5,000 pounds?
		5. Are dee-rings and snaphooks proof-tested to a minimum tensile load of 3,600 pounds without cracking, breaking, or taking permanent deformation?



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		6. Are only "locking-type" snaphooks used?
		7. Are horizontal lifelines designed, installed, and used, under the supervision of a qualified person, as part of a complete personal fall arrest system, which maintains a safety factor of at least two?
		8. Do lanyards and vertical lifelines have a minimum breaking strength of 5,000 pounds?
		9. Is each employee attached to a separate vertical lifeline?
		10. Are lifelines protected against being cut or abraded?
		11. Do self-retracting lifelines and lanyards, which automatically limit free fall, distance to 2 feet or less, capable of sustaining a minimum tensile load of 3,000 pounds applied to the device with the lifeline or lanyard in the fully extended position?
		12. Do self-retracting lifelines and lanyards (which do not limit free fall distance to 2 feet or less) rip stitch lanyards, and tearing and deforming lanyards capable of sustaining a minimum tensile load of 5,000 pounds applied to the device with the lifeline or lanyard in the fully extended position?
		13. Are anchorages used for attachment of personal fall arrest equipment independent of any anchorage being used to support or suspend platforms and capable of supporting at least 5,000?
		14. Do personal fall arrest systems, when stopping a fall: <ul style="list-style-type: none"> • Limit maximum arresting force on an employee to 1,800 pounds when used with a body harness? • Rigged such that an employee can neither free fall more than 6 feet nor contact any lower level? • Bring an employee to a complete stop and limit maximum deceleration distance an employee travels to 3.5 feet? • Have sufficient strength to withstand twice the potential impact energy of an employee free falling a distance of 6 feet, or the free fall distance permitted by the system, whichever is less?
		15. Does the employer appropriately modify the criteria and protocols for personal fall protection systems to provide proper protection for a system being used by an employee having a combined tool and body weight of 310 pounds or more?
		16. Is the attachment point of the body harness located in the center of the wearer's back near shoulder level, or above the wearer's head?
		17. Are body belts, harnesses, and components used only for employee protection (as part of a personal fall arrest system or positioning device system) and not to hoist materials?
		18. Are personal fall arrest systems and components subjected to impact loading immediately removed from service and not used again for employee protection until inspected and determined by a competent person to be undamaged and suitable for reuse?
		19. Does the employer have in place a method for prompt rescue of employees in the event of a fall or assure that employees are able to rescue themselves?
		20. Are personal fall arrest systems prohibited from being attached to guardrail systems or to hoists?

Comments/Corrective Action:



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Checklist form

VI. Floor/Wall Openings And Covers

Y	N	
		1. Are floor openings guarded by a cover, a guardrail, or equivalent on all sides (except at stairways or ladder entrances) so as to protect employees from falling hazards?
		2. Are covers located in roadways and vehicular aisles capable of supporting, without failure, at least twice the maximum axle load of the largest vehicle expected to cross over the cover?
		3. Are all other covers capable of supporting, without failure, at least twice the weight of employees, equipment, and materials that may be imposed on the cover at any one time?
		4. Are all covers secured when installed so as to prevent accidental displacement by the wind, equipment, or employees?
		5. Are all covers color coded or marked with the word "HOLE" or "COVER" to provide warning of the hazard?
		6. Are skylight screens able to withstand a load of at least 200 pounds?
		7. Are floor or wall openings in fire-resistant construction provided with doors or covers compatible with the fire rating of the structure and provided with a self-closing feature when appropriate?
		8. Are toeboards installed around the edges of permanent floor openings where persons may pass below the opening?

Comments/Corrective Action:

VII. Fall Protection Plan

Note: This option is available only to employees engaged in leading edge work, precast concrete erection work, or residential construction work who can demonstrate that it is infeasible or it creates a greater hazard to use conventional fall protection equipment.

Y	N	
		1. Does a qualified person prepare the fall protection plan?
		2. Is the fall protection plan developed specifically for the site where the leading edge work, precast concrete work, or residential construction work is being performed?
		3. Is the fall protection plan maintained up to date?
		4. Are any changes to the fall protection plan approved by a qualified person?
		5. Is a copy of the fall protection plan with all approved changes maintained at the job site?
		6. Is the implementation of the fall protection plan under the supervision of a competent person?
		7. Does the fall protection plan document the reasons why the use of conventional fall protection systems (guardrail systems, personal fall arrest systems, or safety nets systems) is infeasible or why their use would create a greater hazard?
		8. Does the fall protection plan include a written discussion of other measures that will be taken to reduce or eliminate the fall hazard for workers who cannot be provided with protection from the conventional fall protection systems? For example, does the employer discuss the extent to which scaffolds, ladders, or vehicle mounted work platforms can be used to provide a safer working surface and thereby reduce the hazard of falling?



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- | | | |
|--|--|---|
| | | 9. Does the fall protection plan identify each location where conventional fall protection methods cannot be used? Are these locations classified as controlled access zones and does the employer comply with the criteria set for controlled access zones? (See Section X – Controlled Access Zones) |
| | | 10. Does the fall protection plan include a statement that provides the name or other method of identification for each employee who is designated to work in controlled access zones? |
| | | 11. Does the employer investigate the circumstances of a fall or other incident to determine if the fall protection plan needs to be changed? |

Comments/Corrective Action:

VIII. Warning Line Systems

- | Y | N | |
|---|---|---|
| | | 1. Is a warning line system only used in roofing work when other conventional fall protection creates a greater hazard or technically not feasible? |
| | | 2. Is the warning line erected around all sides of the roof work area? |
| | | 3. Are employees not allowed in the area between a roof edge and a warning line unless the employee is performing roofing work in that area? |
| | | 4. Is the warning line erected at least 6 feet from the roof edge when mechanical equipment is not being used? |
| | | 5. When mechanical equipment is being used, is the warning line erected at least 6 feet from the roof edge which is parallel to the direction of mechanical equipment operation, and at least 10 feet from the roof edge which is perpendicular to the direction of mechanical equipment operation? |
| | | 6. Is mechanical equipment on roofs used or stored only in areas where employees are protected by a warning line system, guardrail system, or personal fall arrest system? |
| | | 7. Are points of access, materials handling areas, storage areas, and hoisting areas connected to the work area by an access path formed by two warning lines? |
| | | 8. Are the ropes, wire, or chain flagged at not more than 6-foot intervals with high-visibility material? |
| | | 9. Is the rope, wire, or chain rigged and supported in such a way that its lowest point (including sag) is no less than 34 inches from the walking/working surface and its highest point is no more than 39 inches from the walking/working surface? |
| | | 10. Does the rope, wire, or chain have a minimum tensile strength of 500 pounds, and after being attached to the stanchions, capable of supporting, without breaking, the loads applied to the stanchions? |

Comments/Corrective Action:



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Checklist form

IX. Controlled Access Zones

Only certain types of work may be performed in a Controlled Access Zone (CAZ). These work categories are overhand brick laying and related work; as part of a fall protection plan for leading edge work; precast concrete work; or residential construction work.

Y	N	
		1. When used to control access to areas where leading edge and other operations are taking place, is the controlled access zone defined by a control line or by any other means that restricts access?
		2. When control lines are used, are they erected not less than 6 feet nor more than 25 feet from the unprotected or leading edge, except when erecting precast concrete members?
		3. Is the control line extended along the entire length of the unprotected or leading edge and approximately parallel to the unprotected or leading edge?
		4. Is the control line connected on each side to a guardrail system or wall?
		5. Does the control line extend for a distance sufficient for the controlled access zone to enclose all employees performing overhand bricklaying and related work at the working edge and is it approximately parallel to the working edge?
		6. Are only employees engaged in overhand bricklaying or related work permitted in the controlled access zone?
		7. Is each control line flagged or otherwise clearly marked at not more than 6-foot intervals with high-visibility material?
		8. Is each line rigged and supported in such a way that its lowest point (including sag) is not less than 39 inches from the walking/working surface and its highest point is not more than 45 inches from the walking/working surface?
		9. Does each line have a minimum breaking strength of 200 pounds?
		10. On floors and roofs where guardrail systems are not in place prior to the beginning of overhand bricklaying operations, are controlled access zones enlarged, as necessary, to enclose all points of access, material handling areas, and storage areas?
		11. On floors and roofs where guardrail systems are in place, but need to be removed to allow overhand bricklaying work or leading edge work to take place, is only that portion of the guardrail necessary to accomplish that day's work removed?

Comments/Corrective Action:



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Checklist form


X. Portable Ladders

Y	N	
		1. Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached, and moveable parts operating freely without binding or undue play?
		2. Are non-slip safety feet provided on each metal or rung ladder, and are ladder rungs and steps free of grease and oil?
		3. Are employees prohibited from placing a ladder in front of doors opening toward the ladder unless the door is blocked open, locked, or guarded?
		4. Are employees prohibited from placing ladders on boxes, barrels, or other unstable bases to obtain additional height?
		5. Are employees required to face the ladder when ascending or descending?
		6. Are employees prohibited from using ladders that are broken, have missing steps, rungs, or cleats, broken side rails, or other faulty equipment?
		7. Are employees instructed not to use the top step of ordinary stepladders as a step?
		8. When portable rung ladders are used to gain access to elevated platforms, roofs, etc., does the ladder always extend at least 3 feet above the elevated surface?
		9. Are employees required to secure the base of a portable rung or cleat type ladder to prevent slipping, or otherwise lash or hold it in place?
		10. Are portable metal ladders legibly marked with signs reading "CAUTION - Do Not Use around Electrical Equipment" or equivalent wording?
		11. Are employees prohibited from using ladders as guys, braces, skids, gin poles, or for other than their intended purposes?
		12. Are employees instructed to only adjust extension ladders while standing at a base (not while standing on the ladder or from a position above the ladder)?
		13. Are metal ladders inspected for damage?
		14. Are the rungs of ladders uniformly spaced at 12 inches center to center?
		15. Are all employees trained to recognize falling hazards as well as on procedures to be followed in order to minimize these hazards?
		16. Are employees trained on the proper use and operation of guardrail systems, personal fall arrest systems, safety net systems, warning line systems, safety monitoring systems, controlled access zones, and other protection to be used?
		17. Are employees trained on the limitations of mechanical equipment when used during roofing work on low-sloped roofs?
		18. Do you have and keep records of training provided by preparing a written certification record?
		19. Do you retrain employees when there is reason to believe that the affected employee(s) who has already been trained does not have the understanding and skill required to perform the job safely?

Comments/Corrective Action:

Signature:

Date:

	<h2>Safe Work Practices Observation</h2> <h3>Checklist</h3>
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Use this form to record observations on safe work practices. Review findings with observed parties and/or send completed to supervising personnel.

Site/Location:	Date:
Contractor:	Project:
Completed By:	Company/Organization:

	Yes	No	Comments/Observations/ Recommendations
1. Appropriate Warning Signs Posted? No Smoking; Hard Hat Area; Do Not Enter; Lock-Out/Tag-Out			
2. Housekeeping Adequate? Tripping/Slipping Hazards; Excavation Barriers/Shoring; Walkways Safe			
3. People Acting and Working Safely? Movement; Attitude; Behavior; Not Taking Shortcuts; Following Safe Practices and Procedures			
4. Correct PPE Being Worn? Shoes; Hard Hat; Gloves; Safety Glasses; Reflective Vest			
5. Working Ergonomics Satisfactory? Access; Lighting; Positioning			
6. Tools, Equipment and Materials? Right For The Job; Used Correctly; In Good Condition			
7. Ladders and Scaffolding Used Properly? Stable; Secured; Good Condition; Proper Height			
8. Safety Meeting Held Recently?			
Topic:			
Date:			
9. Recent Hires Properly Trained On Safety?			
10. All Necessary Permits/Approvals Obtained?			

Comments: _____

Signature:	Date:
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Safety Inspection

Project Name: _____

Job No. _____

Project Location: _____

Prepared By: Adalberto Rivera-Gueits

Date: _____

Survey Conducted By: Adalberto Rivera-Gueits

Distributed: ARG

Supt Signature(s): _____

PM Signature(s): _____

Status of Construction/ Area Covered By Report:

(List Major Work Activities)

Satisfactory? (YES/NO)				
YES	NO	N/A	RCS/Sub	Taken/Comments

GENERAL

Training & Planning

- Copy of current OSHA Standards, RCS / Subs Safety manual on site
- Have all new hires completed the new hire orientation?
- Weekly tool box meetings held for RCS / Subs
- Copy of RCS/Subs Job Specific Safety Plan on site and up to date:
- Emergency evacuation plan in place
- Foreman's JSA's completed and adequate for tasks being performed?

Medical & First Aid

- At least two RCS / Subs employee trained in first aid/CPR on site?
- Are first aid supplies adequate?

Posting & Record Keeping

- OSHA 300 form being completed/posted
- Safety and Health Poster posted
- Emergency telephone numbers posted
- Medical Clinic Posted

Hazard Communication/SDS

- Copy of written program (RCS & Sub)
- List of hazard materials on site (RCS & Sub)
- SDS current for all contractors on site
- Labels on containers

Traffic Control

- Traffic Plan per MUTCD, local, county or state requirements
- Advance warnings signs
- Trained flaggers used when directing traffic w/ proper PPE,
- proper stop/slow sign and flagger ahead signs warning approaching traffic

Structure Entrance

- Overhead protection at entrances where overhead work on-going?

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Public Protection

- Public protection adequate including warning signs?

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Safety Inspection

HOUSEKEEPING & SANITATION

Housekeeping: aisles clean, scrap removed, no protruding nails
 Adequate supply of water or water jugs, cups and trash containers
 Adequate toilet facilities and clean

PERSONAL PROTECTIVE & LIFE SAVING EQUIPMENT

Head, eye, face, and hand protection worn
 Respiratory protection worn when needed/required
 Written program
 Medical evaluations completed?
 Documentation of a fit test and training for respirators? Safety
 harnesses, lifelines & lanyards worn when needed/required

FIRE PROTECTION & PREVENTION

Fire extinguishers/stand pipe installed
 Clear access?
 Fire extinguishers identified, charged and inspected monthly?
 Flammable & combustible liquids in approved containers only
 "No Smoking" posted and enforced where needed.
 Fuel tanks protected and min 20 ft from bldgs w/ 20B fire exting w/in 50 ft.

ELECTRICAL

Guarding of live parts by cabinets or other enclosures
 Warning signs posted (Danger High Voltage)
 GFCI receptacle used **including when using permanent power**
 GFCI's tested w/ test documented
 Temporary lighting adequate and bulbs protected?
 Breaker boxes and switches properly labeled.
 Lockout/Tagout being used?
 Extension cords

TOOLS

Proper tool being used for job.
 All tools inspected at least daily.
 Damaged tools repaired or replaced promptly.
 Are tools being used properly?
 Guards in place
 Pneumatic tools/air hoses have proper safeguards, secured connections
Powder Actuated Tools
 Operators trained/spot check cards
 Tools and charges protected from unauthorized use

Satisfactory? (YES/NO)

YES	NO	N/A	GC/Sub	Taken/Comments
-----	----	-----	--------	----------------



Safety Inspection

Satisfactory? (YES/NO)

YES	NO	N/A	GC/Sub	Taken/Comments
-----	----	-----	--------	----------------

STAIRWAYS and LADDERS

Stairway/ladder/ramp used where 19 inch break in elev

Stairways clean and free of trip hazards w/ adequate lighting?

Handrails in stairways and guardrails at landing?

Metal pan stairs poured, filled or barricaded from use?

Ladders properly secured to prevent slipping, sliding or falling

Do straight ladders extend 36" above top of landing?

Offset protection at top ladder entrance

Stepladders fully open when in use; no standing on top two steps

Metal ladders not used around electrical hazards.

Trestle ladder not used

Proper maintenance and storage of ladders

SCAFFOLDING

Is scaffold equipment in good working order?

Inspected by competent person daily before use

Erected on solid, level footing

Guardrails on open sides and ends more than 6 ft. above the ground.

2 x 4 top rail, mid-rail & toe board

Tightly planked platform for full Width and secured in place

Is the scaffold plumb and square, with cross-bracing?

Access ladder provided

Maximum Height = Four (4) times minimum base dimension

Suspended Scaffold

Hooks, clamps ,outriggers properly anchored and tiebacks installed

Counterweights attached to outrigger with weights marked

Tiebacks have rigging thimble with loop, secured with min 3 fist grip clamps

Independent lifeline for each worker on platform, rope protected abrasion

Safety Dept. notified if welding is to take place on suspended scaffold

FALL PROTECTION

Floor openings covered/guardrails in place

Open-sided floors/wall openings have guardrail & toe board

Roof edge adequately guarded

Leading edge protection & signage utilized where required

100% Fall Tie Off for all heights above 6 ft with proper anchor point

All horizontal lifeline systems engineered

AERIAL MANLIFTS/SCISSORS LIFTS

All personnel tied off

Safety chains in place on scissors lifts

Employee training verified

Glazing kits used when setting glass



Safety Inspection

Satisfactory? (YES/NO)

YES	NO	N/A	RCS/Sub	Taken/Comments
-----	----	-----	---------	----------------

HOISTS AND CRANES

Slings and chains, hooks and eyes in good condition and tagged/marked.
 Equipment firmly supported.
 Outriggers used if needed and proper cribbing in place
 Power lines inactive, removed, or at a safe distance
 Hoist operator trained? Check for card.
 Signalmen where needed & hand/verbal signals understood? Hand signals poster?
 Are inspection and maintenance logs maintained/current (this includes hoists)?
 Crane annual certification on file? This includes RCS and sub equipment.
 Load charts posted in cab? Proper loading for capacity at lifting radius
 Fire extinguisher installed (cranes and hoists)

HEAVY EQUIPMENT

Regular inspection and maintenance logs complete?
 Lights, brakes, horn, back up alarm operative
 Haul roads well maintained and laid out properly
 Seat belts being used.
 Fire extinguisher installed

HANDLING & STORAGE OF MATERIALS

Materials properly stored or stacked?
 Stacks on firm footings, not too high.
 Are loads lifted correctly? Proper number of men or equipment used?
 Materials secured if high winds approaching
 Use trash chute for debris drop over 20 feet.
 Adequate spacing around stored/stacked material?

EXCAVATION AND SHORING

Comp person(s) designated
 Underground utilities located/private service used if necessary
 Are adjacent structures including roads/sidewalks properly shored/supported?
 Is excavation properly sloped, shored or trench box used?
 Tabulated data for trench box on site?
 Means of egress within 25 feet
 Spoils back min of 2 feet
 Material, i.e., pipe, not stored at trench edge
 Is equipment a safe distance from edge of excavation?
 Fall protection/barricading adequate?
 Daily documented inspections or if conditions change



Safety Inspection

Satisfactory? (YES/NO)

YES	NO	N/A	RCS/Sub	Taken/Comments
-----	----	-----	---------	----------------

WELDING AND CUTTING/OTHER HOT WORK

Screens and shields used where necessary
 Goggles, gloves, proper clothing worn
 Electrical equipment grounded
 Welding leads and gases hoses protected and in good condition
 Fire extinguishers of proper type nearby
 Inspection for fire hazards
 Gas cylinders secured and upright. Fuel cylinders at least 20 ft from oxygen.
 Are cylinder caps in use?
 Fire watch used where needed/required?

STEEL ERECTION

Letter of commencement provided to steel erector
 Erection floor solidly planked or decked or safety net within 25 feet
 Safety railing (1/2 wire rope) at perimeter
 Cable guardrail has no more than 3 inch deflection and flagged every 6 feet
 Floor and other openings covered and barricaded
 Ladders, stairs, or other access provided
 Other trades protected from overhead hazards or schedule arrangements made
 Tag lines used

CONCRETE AND MASONRY CONSTRUCTION

If reqd letter of commencement provided to steel erector incl mortar in masonry
 Vertically Protruding Rebar Capped Forms
 properly installed and braced Adequate
 shoring, plumbed and cross braced
 Route planned for concrete trucks? Pumping equip properly supported?
 Controls in place to limit silica exposure - water, vacuum tools, etc.
 Limited Access Zone around masonry walls
 Masonry walls over 8 ft. adequately braced
 No dry cutting of block/concrete w/o adequate eng controls
 Safe hoisting equipment/material
 Hand washing station for hexavalent chromium from Portland cement?


CONFINED SPACES

Have potential confined spaces been identified?
 Has Safety Dept been notified of potential confined spaces?
 Permit required? Completed?
 Atmosphere tested Workers
 properly trained Ventilation
 needed? Retrieval devices
 required?



A.2: Comments, Recommendations or Actions to be/ are implemented to correct the above Violations:

OSHA Authorized Construction Trainer


	<h2>Safety Nets Inspection</h2> <h3>Checklist</h3>
--	--

Project Name:	Project Location:
Inspected by:	Date:

	Yes	No
1. Safety nets are provided where workplaces are 25 feet above the ground or water surface, or other surfaces where the use of ladders, scaffolds, catch platforms, temporary floors, safety lines or safety belts is impractical.		
2. Nets extend eight feet beyond the edge of the work surface where employees are exposed and shall be installed as close under the work surface as practical but in no case more than 25 feet below such work surface.		
3. Nets are hung with sufficient clearance to prevent user's contact with the surfaces or structures below. Such clearance must be determined by impact load testing.		
4. Mesh size of nets does not exceed 6 inches by 6 inches.		
5. Nets meet accepted performance standards of 17,500 foot-pounds minimum impact resistance as determined and certified by the manufactures and bear a label of proof test.		
6. Edge ropes provide a minimum breaking strength of 5,000 pounds.		
7. Forged steel safety hooks or shackles have been used to fasten the net to its supports.		
8. Connections between net panels develop the full strength of the net.		

Comments:

Signature:	Date:
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	<h1>Scaffold Safety Inspection</h1> <h2>Form</h2>
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Project Name or Number:	Date:
Superintendent:	Competent Person:

Inspection Item	Yes	No	N/A	Comments/Remedial Actions
1. Guardrails provided (if 10-foot or higher on supported scaffold)?				
2. Guardrails adequately placed?				
3. Ladders provided for access?				
4. Enough ladders so workers are actually using ladders?				
5. All areas where workers will use scaffold fully planked?				
6. Do planks extend at least 6-inches and not more than 12-inches over the supports?				
7. Are the planks in good condition and free of visible defects?				
8. Does the scaffold have toeboards?				
9. Scaffold erected level?				
10. Side brackets (outriggers) are fully planked?				
11. Side brackets have guardrail if 10-foot high or greater?				
12. Scaffolds 4 times base width in height and 30-feet horizontal are secured / anchored to the structure?				
13. Where frames are stacked, J-pins or equal are present?				
14. Scaffold parts are free of defects?				
15. No potential for electrical line contact?				
16. Other (specify):				

Rolling Scaffold Inspection	Yes	No	N/A	Comments/Remedial Actions
1. Ladder provided for access?				
2. Scaffold is fully planked?				
3. Guardrails if 10-foot or higher?				
4. All casters can lock and provide non-movement?				
5. If narrow scaffold (Perry, Biljax, etc.) and frames are stacked, then outriggers attached?				
6. Other (specify):				

Comments: _____

Signature:	Date:
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	<h2>Sling Inspection</h2> <h3>Report (Chain)</h3>
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Project Name:	Project Location:		
Inspected by:	Date:		
Type:	Size:	Reach:	Load Limit:

Chain	Status*	Comments
Localized stretch or wear		
Grooving		
Twisted or bent links		
Cracks		
Gouges		
Master Links and Hooks		
Check master links and hooks for above faults		
Check hook throat opening (15%)		
Check hook twist (10%)		

*A checkmark indicates no fault.

Comments: _____

Signature:	Date:
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	<h1>Spray Booth Requirements</h1>
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Location:	Date:
Reviewer:	Title:

1. Is the Paint Spray booth constructed of noncombustible materials? Is the interior smooth and continuous, easily cleaned? (Combustible materials = capable of being burned)

Spray booths - Construction

1910.107(b) (1)

☐ *Construction.* Spray booths shall be substantially constructed of steel, securely and rigidly supported, or of concrete or masonry except that aluminum or other substantial noncombustible material may be used for intermittent or low volume spraying. Spray booths shall be designed to sweep air currents toward the exhaust outlet.

1910.107(b) (2)

☐ *Interiors.* The interior surfaces of spray booths shall be smooth and continuous without edges and otherwise designed to prevent pocketing of residues and facilitate cleaning and washing without injury.

1910.107(b) (3)

☐ *Floors.* The floor surface of a spray booth and operator's working area, if combustible, shall be covered with noncombustible material of such character as to facilitate the safe cleaning and removal of residues.

2. Is the air velocity at least 100 linear feet per minute at the open face?

1910.107(b) (5) (i)

☐ The spraying operations except electrostatic spraying operations shall be so designed, installed and maintained that the average air velocity over the open face of the booth (or booth cross section during spraying operations) shall be not less than 100 linear feet per minute. Electrostatic spraying operations may be conducted with an air velocity over the open face of the booth of not less than 60 linear feet per minute, or more, depending on the volume of the finishing material being applied and its flammability and explosion characteristics. Visible gauges or audible alarm or pressure-activated devices shall be installed to indicate or insure that the required air velocity is maintained. Filter rolls shall be inspected to insure proper replacement of filter media.

1910.107(b) (6)

☐ *Frontal area.* Each spray booth having a frontal area larger than 9 square feet shall have a metal deflector or curtain not less than 2 1/2 inches deep installed at the upper outer edge of the booth over the opening.

3. Is a clearance of 3 feet on all sides kept free from storage or combustible construction?

1910.107(b) (9)

☐ *Cleaning.* Spray booths shall be so installed that all portions are readily accessible for cleaning. A clear space of not less than 3 feet on all sides shall be kept free from storage or combustible construction.

4. Is the electrical equipment inside the booth rated for Class 1 Division 1? This would include the lighting and the fan motor.

1910.107(c) (1)

☐ *Electrical and other sources of ignition -*

Conformance. All electrical equipment, open flames and other sources of ignition shall conform to the requirements of this paragraph.



Spray Booth Requirements

1910.107(c) (4)

☐ *Wiring conformance.* Electrical wiring and equipment shall conform to the provisions of this paragraph and shall otherwise be in accordance with subpart S of this part.

1910.107(c) (5)

☐ *Combustible residues, areas.* Unless specifically approved for locations containing both deposits of readily ignitable residue and explosive vapors, there shall be no electrical equipment in any spraying area, whereon deposits of combustible residues may readily accumulate, except wiring in rigid conduit or in boxes or fittings containing no taps, splices, or terminal connections.

1910.107(c) (6)

☐ *Wiring type approved.* Electrical wiring and equipment not subject to deposits of combustible residues but located in a spraying area as herein defined shall be of explosion-proof type approved for **Class I, group D** locations and shall otherwise conform to the provisions of subpart S of this part, for Class I, Division 1, Hazardous Locations. Electrical wiring, motors, and other equipment outside of but within twenty (20) feet of any spraying area, and not separated there from by partitions, shall not produce sparks under normal operating conditions and shall otherwise conform to the provisions of subpart S of this part for **Class I, Division 2** Hazardous Locations.

1910.107(c) (8)

☐ *Portable lamps.* Portable electric lamps shall not be used in any spraying area during spraying operations. Portable electric lamps, if used during cleaning or repairing operations, shall be of the type approved for hazardous Class I locations.

1910.107(c) (9)

5. Are there any open flames or spark producing equipment within 20 feet of the booth?

☐ *Minimum separation.* There shall be no open flame or spark producing equipment neither in any spraying area nor within 20 feet thereof, unless separated by a partition.

6. Does each spray booth (foam and paint) have an independent exhaust system? This is required due to the fact that spray materials in each booth are different.

1910.107(d)

Ventilation

1910.107(d) (1)

☐ *Conformance.* Ventilating and exhaust systems shall be in accordance with the Standard for Blower and Exhaust Systems for Vapor Removal, **NFPA No. 91-1961**, which is incorporated by reference as specified in Sec. 1910.6, where applicable and shall also conform to the provisions of this section.

1910.107(d) (2)

☐ *General.* All spraying areas shall be provided with mechanical ventilation adequate to remove flammable vapors, mists, or powders to a safe location and to confine and control combustible residues so that life is not endangered. Mechanical ventilation shall be kept in operation at all times while spraying operations are being conducted and for a sufficient time thereafter to allow vapors from drying coated articles and drying finishing material residue to be exhausted.



Spray Booth Requirements

1910.107(d) (3)

☐ **Independent exhaust.** Each spray booth shall have an independent exhaust duct system discharging to the exterior of the building, except that multiple cabinet spray booths in which **identical spray** finishing material is used with a combined frontal area of not more than 18 square feet may have a common exhaust. If more than one fan serves one booth, all fans shall be so interconnected that one fan cannot operate without all fans being operated.

7. Are spray areas kept clean?

1910.107(g) (2)

☐ **Cleaning.** All spraying areas shall be kept as free from the accumulation of deposits of combustible residues as practical, with cleaning conducted daily if necessary. Scrapers, spuds, or other such tools used for cleaning purposes shall be of non-sparking material.

[1910.107\(g\) \(3\)](#)

☐ **Residue disposal.** Residue scrapings and debris contaminated with residue shall be immediately removed from the premises and properly disposed of. Approved metal waste cans shall be provided wherever rags or waste are impregnated with finishing material and all such rags or waste deposited therein immediately after use. The contents of waste cans shall be properly disposed of at least once daily or at the end of each shift.

8. Are No Smoking signs posted near the spray booths?

1910.107(g) (7)

☐ "No Smoking" signs. "No smoking" signs in large letters on contrasting color background shall be conspicuously posted at all spraying areas and paint storage rooms.

9. Does the Spray Booth* have an automatic sprinkler system?

1910.107(b) (5) (IV)

☐ The downstream and upstream sides of filters shall be protected with approved automatic sprinklers.

* What is the difference between a Spray Booth and a Spray Area?

1910.107 Defines each as follows:

1910.107(a)(2)

Spraying Area

Any area in which dangerous quantities of flammable vapors or mists, or combustible residues, dusts or deposits are present due to the operation of spraying processes.

1910.107(a)(3)

Spray Booth

A power-ventilated structure provided to enclose or accommodate a spraying operation to confine and limit the escape of spray, vapor, and residue, and to safely conduct or direct them to an exhaust system.

Signature:

Date:



Stationary Scaffold Inspection

Checklist

Project Name:	Project Location:
Completed by:	Date:

	Yes	No	Action/Comments
1. Scaffold components and planking in safe condition for use and planks graded for scaffold use?			
2. Frame spacing and sill size capable of carrying intended loading?			
3. Competent person in charge of erection and to inspection?			
4. Sills properly placed and adequate sized?			
5. Screw jacks been used to level and plumb scaffold instead of unstable objects?			
6. Base plates and/or screw jacks in firm contact with sills and frame?			
7. Scaffold is level and plumb?			
8. Scaffold legs braced with braces properly attached?			
9. Guard railing in place on all open sides and ends?			
10. Overhead protection or wire screening been provided where necessary?			
11. Scaffold been tied to structure at least every 30 feet in length and 26 feet in height?			
12. Freestanding towers been guyed or tied every 26 feet in height?			
13. Brackets, tube and clamp, and accessories been properly placed with nuts and bolts tightened?			
14. Scaffold free of makeshift devices or ladders to increase height?			
15. Planks have minimum 12 inches overlap and extend 6 inches beyond supports?			
16. Toe boards properly installed?			
17. Conditions such as power lines, wind loading, etc., controlled?			
18. Safe ways to get on and off the scaffold without climbing on cross braces?			
19. Front face within 14 inches of the work or within three feet for outrigger scaffolds?			

Comments: _____

Signature: _____	Date: _____
------------------	-------------



SUPERINTENDENT / PROJECT MANAGER
SITE INSPECTION / BI-WEEKLY WALKTHRU

Project Name: _____ Job No. _____

Project Location: _____ Month/Year: _____

Prepared By: _____ Date: _____

Survey Conducted By: _____ Distributed: _____

Supt Signature(s): _____ PM Signature(s): _____

Status of Construction/ Area Covered By Report

(List Major Work Activities)

* SEE COORESPONDING # ON ATTACHED LIST A.2 FOR DETAILS

Satisfactory? (YES/NO)				
YES	NO	N/A	RCS/Sub	Date Corrective Action Taken

GENERAL

Training

- Copy of Current OSHA Standards On Site
- Weekly Tool Box Meetings Held for RCS / SUBS
- Has job safety training taken place, including first aid training?

Posting & Record Keeping

- OSHA 300 Form Being Completed
- Safety and Health Poster Posted
- Emergency Telephone Numbers Posted

Hazard Communication

- Copy of Written Program (RCS & Sub)
- List of Hazard Materials on Site RCS & Sub
- Labels on Containers

HOUSEKEEPING

- General neatness of working areas: Materials stored property, scrap removed
- Regular disposal of trash
- Passageways and walkways clear?
- Adequate lighting
- Projecting nails removed
- Oil and grease removed
- Waste containers provided and used.
- Sanitary facilities adequate and clean.
- Adequate supply of water or water jugs.
- Disposable drinking cups and waste containers.

SUPERINTENDENT / PROJECT MANAGER SITE INSPECTION / BI-WEEKLY WALKTHRU

Satisfactory? (YES/NO)				
YES	NO	N/A	RCS/Sub	Date Corrective Action Taken

PERSONAL PROTECTIVE & LIFE SAVING EQUIPMENT

Head, Eye, Face, and Hand Protection Worn
Respiratory Protection When Needed
Documentation of a Fit Test for respirators?
Safety Harnesses, Lifelines & Lanyards Worn

FIRE PROTECTION & PREVENTION

Fire Extinguishers/Water Barrel/Stand Pipe Installed
Clear access?
Fire extinguishers identified & charged?
Flammable & Combustible Liquids in approved containers only
"No Smoking" posted and enforced where needed.

ELECTRICAL

Guarding of Live Parts by Cabinets or Other Enclosures
Warning Signs Posted (Danger High Voltage)
GFCI on 120V, Single Phase, 15 & 20 AMP Receptacles as needed
Temporary Lights Protected from Accidental Contact/Breakage
Breaker boxes and switches properly labeled.
Lockout/Tagout being used?

HAND TOOLS

Proper tool being used for job.
Inspection and maintenance performed routinely.
Damaged tools repaired or replaced promptly.

POWER TOOLS

Tools and cords in good condition.
Proper tool being used for job.
Proper grounding.
Proper instruction in use.
All mechanical safeguards in use.
Wiring properly installed.

POWER-ACTUATED TOOLS

Local laws and ordinances complied with
All operators qualified
Tools and charges protected from unauthorized use
Competent instruction and supervision
Tools checked and in good working order
Tools not used only on recommended materials
Safety goggles or face shield used



SUPERINTENDENT / PROJECT MANAGER SITE INSPECTION / BI-WEEKLY WALKTHRU

LADDERS

Ladders inspected and in good condition
 Properly secured to prevent slipping, sliding or falling
 Do siderails extend 36" above top of landing?
 Rungs or cleats not over 12" on center.
 Stepladders fully open when in use.
 Metal ladders not used around electrical hazards.
 Proper maintenance and storage.
 Ladders not painted.

SCAFFOLDING

Is scaffold equipment in good working order?
 Erected on Solid Footing
 Guardrails on Open Sides and Ends More than 10 Ft. above the Ground.
 2 x 4 Top rail, Mid-rail & Toe board
 Tightly Planked for Full Width and Secured in Place
 Is the scaffold plumb and square, with cross-bracing?
 Access Ladder Provided
 Maximum Height = Four (4) Times Minimum Base Dimension

FALL PROTECTION

Floor Openings Covered/Guardrails
 Open-Sided Floors/wall openings have Guardrail & Toe Board
 Roof Edge Guarded
 Leading Edge Protection Utilized.
 100% Fall Tie Off for all heights above 6'-0"
 Man Lifts - All Personnel Tied Off

HOISTS AND CRANES

Cables and sheaves inspected.
 Check slings and chains, hooks and eyes.
 Equipment firmly supported.
 Outriggers used if needed.
 Power lines inactive, removed, or at a safe distance
 All equipment properly lubricated and maintained
 Signalmen where needed, understood and observed?
 Are inspection and maintenance logs maintained?
 Crane certification received?
 Load charts posted in cab? Proper loading for capacity at lifting radius
 Fire extinguisher installed

HEAVY EQUIPMENT

Regular inspection and maintenance logs complete?
 Lubrication and repair of moving parts
 Lights, brakes, warning signals operative
 Haul roads well maintained and laid out properly
 Seat belts being used.

Satisfactory? (YES/NO)				
YES	NO	N/A	RCS/Sub	Date Corrective Action Taken

SUPERINTENDENT / PROJECT MANAGER SITE INSPECTION / BI-WEEKLY WALKTHRU

BARRICADES

Floor openings planked over or barricaded.
Roadways and sidewalks effectively protected.
Traffic controlled

<u>Satisfactory? (YES/NO)</u>				
<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>RCS/Sub</u>	<u>Date Corrective Action Taken</u>

HANDLING & STORAGE OF MATERIALS

Materials properly stored or stacked?
Stacks on firm footings, not too high.
Are loads lifted correctly? Proper number of men or equipment used?
Materials protected from weather conditions
Protection against falling into hoppers and bins.

EXCAVATION AND SHORING

Are adjacent structures properly shored?
Are roads and sidewalks supported and protected/
Is material stored properly next to excavations?
Is excavation properly sloped?
Is equipment a safe distance from edge of excavation?
Are ladders provided where needed?
Is job supervision adequate?

FLAMMABLE GASES AND LIQUIDS

All containers clearly identified
Proper storage practices observed
Fire hazards checked
Proper types and number of extinguishers nearby
Carts for moving cylinders

WELDING AND CUTTING

Screens and shields used
Goggles, gloves, proper clothing worn
Electrical equipment grounded
Power cables/gas lines protected and in good condition
Fire extinguishers of proper type nearby
Inspection for fire hazards
Flammable materials protected
Gas cylinders chained upright
Are cylinder caps in use?

STEEL ERECTION

Erection floor solidly planked or decked or safety net within 25 feet
Safety railing (1/2 wire rope) at perimeter
Taglines for tools
Floor openings covered and barricaded
Ladders, stairs, or other access provided
Hoisting apparatus checked



SUPERINTENDENT / PROJECT MANAGER SITE INSPECTION / BI-WEEKLY WALKTHRU

CONCRETE AND MASONRY

CONSTRUCTION

Vertically Protruding Rebar Capped Forms
properly installed and braced Adequate
shoring, plumbed and crossbraced
Shoring remains in place until strength is attained
Mixing and transport equipment supported, traffic planned and routed
Protection from cement dust and concrete contact
Nails and stripped form material removed from area.
Face shield used with demo saw
Limited Access Zone around masonry walls
Masonry walls over 8 ft. adequately braced
Masonry saws properly equipped, dust protection provided
No dry cutting of block
Proper scaffolding
Safe hoisting equipment
Face shield used for cutting, grinding, or chipping or use of demo & electric
chop saws


Satisfactory? (YES/NO)				
YES	NO	N/A	RCS/Sub	Action Taken

A.1: List Additional Safety Requirements Implemented for this Project:

A.2: Comments, Recommendations or Actions to be/ are implemented to correct the above Violations:

Superintendent / Project Manager

CC. File RCS Inspection

	<p>Supervisor or Foreman</p> <p>Inspection</p>
--	--

Name:	Title:
Location in Plant or Department:	Date:

Items	OK	NC*	Comments	Date of Correction
1. Equipment/Machinery				
2. Housekeeping				
3. Floor surfaces				
4. Aisles				
5. Fire prevention/fire extinguishers				
6. Machine or equipment safeguards				
7. Electrical				
8. Personal protection				
9. Ladders				
10. Rigging equipment/slings				
11. Solvents, cleaners, paints				
12. Cranes				
13. Other				

*NC=Needs Correction

Signature:	Date:
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Telescoping Boom Hydraulic Crane

Inspection Checklist

Project Name:	Project Location:	
Inspected by:	Date:	Manufacturer:
Equipment #:	Serial #:	

	OK	Bad	N/A	Remarks
Motor				
Clutch /Converter				
Drive Line				
Transmission				
Frame				
Brakes				
Differentials				
Outriggers				
Cab				
Steering				
Lights				
Tires				
Rims & Bolts				
Fire Extinguisher				
Glass				
Warning Lights				
Access				
Hydraulic				
Relief Valve(s)				
Restrictor Valves				
Pipe Lines				
Hose Lines				
Outrigger Cylinders				
Boom Hoist Cyl.				
Boom Crowd Cyl.				
Control Valves				
Swing Motor				
Hoist Motor				
Pumps				



Telescoping Boom Hydraulic Crane

Inspection Checklist

Bearings				
Mounting Bolts				
Swing Gear				
Swing Pinion				
Seals - Hydraulic				
Boom				
Shipper Welds				
Boom Welds				
Pins Boom Pivot				
Support Roller				
Boom Pins				
Bearing Sheave				
Load Block Sheave				
Load Block Hook				
Boom Main Section				

Signature:	Date:
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Warehouse/Materials Handling Safety Checklist

Site:	Date:
Work Area:	On-site Safety Manager:

Factor	N/A	OK	WMS* Location	Comment
1. Aisles are clearly identified.				
2. Aisles have adequate clearance to assure safe movement and handling of materials.				
3. Floor drainage is adequate to prevent water accumulation in traffic areas.				
4. Signs are posted warning of clearance limits.				
5. Tiered materials are stacked in a manner to assure stability.				
6. Storage racks are secured.				
7. Storage levels over 7ft. high and loading docks have guardrails along the open edge.				
8. Materials are protected from falling during an earthquake.				
9. Joisted floors are clearly identified as to floor loading capacity.				
10. Ramps have non-slip coatings.				
11. NO SMOKING signs are clearly posted.				

*Warehouse Management System

Factor	N/A	OK	WMS Location	Comment
12. Posters and other materials identifying correct lifting and materials handling techniques are posted.				
13. There are appropriately marked and sufficiently safe clearances for aisles and at loading docks or passageways where mechanical handling equipment is used.				
14. Loose/unboxed materials which might fall from a pile are properly stacked by blocking, interlocking or limiting the height of the pile to prevent falling hazards.				




Warehouse/Materials Handling Safety Checklist

15. Bags, containers, bundles, etc. are stored in tiers that are stacked, blocked, interlocked and limited in height so that they are stable and secure to prevent sliding or collapse.				
16. Storage areas are kept free from accumulation of materials that could lead to tripping, fire, and explosion or pest infestations.				
17. Excessive vegetation is removed from building entrances, work or traffic areas to prevent possible trip or fall hazards due to visual obstructions.				
18. Derail and/or bumper blocks are provided on spur railroad tracks where a rolling car could contact other cars being worked on and at entrances to buildings, work or traffic areas.				
Factor	N/A	OK	WMS Location	Comment
19. Covers and/or guardrails are provided to protect personnel from the hazards of stair openings in floors, meter or equipment pits and similar hazards.				
20. Personnel use proper lifting techniques.				
21. Elevators and hoists for lifting materials/containers are properly used with adequate safe clearances, no obstructions, appropriate signals and directional warning signs.				
Other Items				
1.				
2.				
3.				
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Comments: _____


Signature: _____

Date: _____


	<h2>Weekly Work Area Safety Checklist</h2>
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Company:	Work Area:
Inspected by:	Date of Inspection:

General Work Environment	Yes	No
1. Worksites clean and orderly?		
2. Work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?		
3. All spilled materials or liquids cleaned up immediately?		
4. Combustible scrap, debris and waste stored safely and removed from the worksite promptly?		
5. Accumulations of combustible dust routinely removed from elevated surfaces including the overhead structure of the buildings?		
6. Combustible dust cleaned up with a vacuum system to prevent the dust going into suspension?		
7. Metallic or conductive dust prevented from entering or accumulating on or around electrical enclosures or equipment?		
8. Covered metal waste cans used for oily and paint soaked waste?		
9. Oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?		
10. At least minimum number of toilets and washing facilities provided?		
11. Toilets and washing facilities clean and sanitary?		
12. Work areas adequately illuminated?		
13. Pits and floor openings covered or otherwise guarded?		
Exiting or Egress	Yes	No
1. All exits marked with an exit sign and illuminated by a reliable light source?		
2. Are the directions to exits, when not immediately apparent, marked with visible signs?		
3. Doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked "NOT AN EXIT," etc.		
4. Exit signs provided with the word "EXIT" in lettering at least 5 inches high and the stroke of the lettering at least 1/2 inch wide?		
5. Exit doors side-hinged?		
6. All exits kept free of obstructions?		
7. At least two means of egress provided from elevated platforms, pits or rooms where the absence of a second exit would increase the risk of injury?		
8. Sufficient exits to permit prompt escape in case of an emergency?		
9. Special precautions taken to protect employees during construction and repair operations?		
10. Is the number of exits from each floor of a building and the number of exits from the building itself appropriate for the building occupancy load?		

	<h2 style="text-align: center;">Weekly Work Area Safety</h2> <h3 style="text-align: center;">Checklist</h3>
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11. Exits stairways that are required to be separated from other parts of a building enclosed by at least two-hour, fire-resistive construction in buildings more than four stories high, and not less than one-hour fire resistive construction elsewhere?		
12. When ramps are used as part of required exiting from a building, is the ramp slope limited to 1 foot vertical to 12 feet horizontal?		
13. When an exit must be made through an unframed glass door, glass exit door, etc. Are the doors fully tempered and do they meet the safety requirements for human impact?		
Exit Doors	Yes	No
1. Doors that are required to serve as exits designed and constructed so that the way of exit travel is obvious and direct?		
2. Windows that could be mistaken for exit doors made inaccessible by means of barriers or railing?		
3. Exit doors able to open from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied?		
4. Are revolving, sliding, or overhead doors prohibited from serving as a require exit door?		
5. Where hardware installed on a required exit door allow the door to open by applying a force of 15 pounds or less in the direction of the exit traffic?		
6. Doors on cold storage rooms provided with an inside release mechanism that will release the latch and open the door even if it's padlocked or otherwise locked on the outside?		
7. When exits doors open directly onto any street, alley, or other area where vehicles may be operated, are barriers and warning provided to prevent employees from stepping into the path of traffic?		
8. Are there viewing panels in doors that swing in both directions and are located between rooms where there is frequent traffic?		
Portable Ladders	Yes	No
1. Ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and movable parts operating freely without binding or undue play?		
2. Non-slip safety feet provided on each metal or rung ladder?		
3. Ladder rungs and steps free of grease and oil?		
4. Is it prohibited to place a ladder in front of door openings towards the ladder except when the door is blocked open, locked or other wise guarded?		
5. Is it prohibited to place ladders on boxes, barrels or other unstable bases to obtain additional height?		
6. Are employees instructed to face the ladder when ascending or descending?		
7. Employees prohibited from using ladders that are broken, missing steps, rungs, or cleats, have broken side rails, or from using other faulty equipment?		
8. Employees instructed not to use the top step of ordinary stepladders as a step?		
9. When portable rung ladders are used to gain access to elevated platforms, roof, etc., does the ladder always extend at least 3 feet above the elevated surface?		
10. When portable rung or cleat ladders are used is it required the base places so that slipping will not occur or it is lashed or other wise held in place?		
11. Portable metal ladders legibly marked with signs reading "CAUTION: Do not use around electrical equipment" or equivalent wording?		

	<h2 style="text-align: center;">Weekly Work Area Safety</h2> <h3 style="text-align: center;">Checklist</h3>
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12. Employees prohibited from using ladders as guys, braces, skids, gin poles, or for other than their intended purposes?		
13. Employees instructed to adjust extension ladders only while standing at the base, not while standing on the ladder or any position above the ladder?		
Walkways	Yes	No
1. Aisles and passageways kept clear?		
2. Aisles and walkways marked as appropriate?		
3. Wet surfaces covered with non-slip materials?		
4. Holes in the floor, sidewalk or other walking surfaces repaired properly, covered or other wise made safe?		
5. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?		
6. Materials or equipment stored in such a way that sharp projectiles will not interfere with the walkway?		
7. Spilled materials cleaned up immediately?		
8. Changes of direction or elevations readily identifiable?		
9. Aisles or walkways that pass near moving or operating machinery, welding operations or similar operations arranged so employees will not be subjected to potential hazards?		
10. Adequate headroom provided for the entire length of any aisle or walkway?		
11. Standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?		
12. Bridges provided over conveyers and similar hazards equipped with proper railing?		
Floor and Wall Openings	Yes	No
1. Floor openings guarded by a cover, guardrail or equivalent on all sides (except entrance to stairways or ladders)?		
2. Toe boards installed around the edges of permanent floor openings?		
3. Skylight screens of such construction and mounting that they will with stand a load of at least 200 pounds.		
4. Glass in windows, doors, glass walls, etc., which are subject to human impact of sufficient thickness and type for the condition of use?		
5. Grates or similar type covers over floor openings, such as floor drains, of such design that foot traffic or rolling equipment will not be affected by the grate spacing?		
6. Unused portions of service pits and pits not actually in use either covered or protected by guardrails or equivalent?		
7. Manhole covers, trench covers and similar covers, plus their supports, designed to carry a truck rear axle load of at least 20,000 pounds when located in roadways and subject to vehicle traffic.		
8. Floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and provided with a self-closing feature when appropriate?		



Weekly Work Area Safety

Checklist

Stairs and Stairways	Yes	No
1. Standard stair rails or handrails on all stairways having four or more risers?		
2. Stairways at least 22 inches wide?		
3. Stairs have at least 6 feet 6 inch clearance?		
4. Stairs angle no more than 50 and no less than 30 degrees?		
5. Stairs of hollow pan type treads and landing filled with solid material?		
6. Steps on stairs and stairways designed or provided with a surface that renders them slip resistant?		
7. Stairway handrails located between 30 and 34 inches above the leading edge of stair treads?		
8. Stairway handrails have at least 1 and 1/2 inches of clearance between the handrails and the wall or surface they are mounted on?		
9. Stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?		
10. Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?		
11. Stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?		
12. Vertical distance between stairway landings limited to 12 feet or less?		
13. Stairway provided to the roof or each building 4 or more stories in height, provided the roof slope has a 4 inch drop in 12 inches or less?		
Elevated Surfaces	Yes	No
1. Signs posted, when appropriate, showing the elevated surface load capacity?		
2. Surfaces elevated more than 30 inches above the floor or ground provided with standard guardrails?		
3. Elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard four inch toe boards?		
4. Permanent means of access and egress provided to elevated storage and work surfaces?		
5. Required headroom provided where necessary?		
6. Material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading?		
7. Dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?		

Comments: _____

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