

Construction Job site

SAFETY CHECKLIST

Location _____ Name _____ Signature _____ Date _____

Contractor Site Supervisor _____ Contractor Employees at Site _____ General Contractor _____ Total Employees at Site _____

Program Administration

DESCRIPTION	YES	NO
Posting in place		
OSHA		
Emergency phone numbers		
Haul Routes		
HAZCOM		
SDS		
Restricted areas		
Last safety meeting held on: _____		
Topic discussed:		

Housekeeping and Sanitation

DESCRIPTION	YES	NO	N/A
Work areas orderly?			
Adequate lighting?			
Sanitary facilities clean & adequate?			
Passageways and walkways clear?			
Waste containers provided & used?			
Adequate eating and drinking area?			

Fire Prevention

DESCRIPTION	YES	NO	N/A
Extinguishers identified & charged?			
Correct extinguisher for job?			
Hydrants clear?			
"No Smoking" signs posted & enforced?			

Electrical/Utility

DESCRIPTION	YES	NO	N/A
Electrical dangers posted?			
Drop cords protected?			
Electrical lines located/staked?			
Lockout/tagout procedures used?			
Gas lines located/staked?			

Hand Tools and Power Tools

DESCRIPTION	YES	NO	N/A
Hand tools in good working condition?			
Proper tool being used for each job?			
Cords in good condition (free of damage)?			
Properly grounded or double insulated?			
All mechanical safeguards in use?			

Heavy Equipment

DESCRIPTION	YES	NO	N/A
Operating manuals?			
Wheels chocked?			
Seat belts operative and being used?			
Following operative: A. Lights			
b. Brakes			
c. Warning Signals			
d. Backup Alarms			

Barricades & Fencing

DESCRIPTION	YES	NO	N/A
Site fenced?			
Access controlled?			

Traffic controlled?			
Roadways & sidewalks protected?			
Floor openings planked or barricaded?			

Handling and Storage of Materials

DESCRIPTION	YES	NO	N/A
Materials properly stored or stacked?			
People are lifting loads correctly?			
Dust protection adequate?			

Excavation and Shoring

DESCRIPTION	YES	NO	N/A
Adjacent structures properly shored?			
Shoring proper for soil & depth?			
Ladders provided where needed?			
Work area adequate?			
Excavation barricaded?			
Spoil set back at least 2 feet?			
Equipment away from edge?			
Equipment ramps adequate?			

Ladders

DESCRIPTION	YES	NO	N/A
Ladders inspected & in good condition?			
Siderails extend 36 inches above landing?			
Proper for job & secured?			
Stepladders fully open when in use?			

Scaffolding

DESCRIPTION	YES	NO	N/A
Equipment in good working order?			
Scaffold is tied to structure at 20 feet?			
Guardrails, top, mid, toe, in place?			
Connections sound & secure?			
Planking cleats in place?			
Workers protected from falling objects?			
Inspected daily?			

Welding & Cutting

DESCRIPTION	YES	NO	N/A
Screens & shields in place?			
Electrical equipment grounded?			
Cylinders are secured upright?			
Proper PPE in use?			
Extinguisher immediately available?			
Cables in good repair?			

Personal Protective Equipment (PPE)

DESCRIPTION	YES	NO	N/A
Respirators and masks?			
Safety glasses?			
Hard hats?			
Hearing protection?			
Footwear/steel toes?			
Gloves?			
Safety harness, lanyard?			