|  |  |  |  |
| --- | --- | --- | --- |
| Project Code: |  | Month: |  |
| Location: |  | Client: |  |
| Conducted By: |  | Date: |  |
| Acknowledged By: |  | | |

| **Status\*** | **Checklist** | **Remarks** |
| --- | --- | --- |
|  | Office trailer with power, secure site location and neat? |  |
|  | Storage trailer(s) or Warehouse, secure site location and neat? |  |
|  | Injury records being kept? Injury handling procedures established? |  |
|  | Temp power for construction and equipment? |  |
|  | Telephone, fax line & dedicated computer line? |  |
|  | Sanitary facilities are well maintained? |  |
|  | Water available? (drinking, testing, dust control, personal use ). |  |
|  | Site communications ( radios, etc.). |  |
|  | Office equipment ( telephone, fax machine, copier, etc. ). |  |
|  | Office furnishings ( desk, chair's, filing cabinet, print table, etc. ). |  |
|  | Permits/licenses/Certificate of Insurance |  |
|  | Nail, boards, debris removed? |  |
|  | Regular disposal of wastes? Waste containers provided? |  |
|  | Warnings signs and safety signs complete and posted? |  |
|  | Hazard lights utilized? |  |
|  | Delivery address and unloading point for material. |  |
|  | Safety needs ( please check first aid kits, medical facilities location) |  |
|  | Open ditches, drop offs protected? Ladders lowered? |  |
|  | MSDS for received hazardous wastes? Control/disposal established? |  |
|  | Fire extinguishers available and inspected? |  |
|  | Flammable liquids in secure container/storage? |  |
|  | Established equipment fueling method (turn off/grounded)? |  |
|  | PPEs adequate and utilized? (face, head, eye, hand, foot protection)? |  |
|  | Safety orientations conducted to all employees |  |
|  | Equipment had undergone preventive maintenance? |  |
|  | Materials properly stored/stacked? Inventories updated? |  |
|  | Proper tool being used? Stored after use? Grounded properly? |  |
|  | All operators qualified? Complies with local laws and ordinances? |  |
|  | Roads sidewalks protected? Adjacent structures properly shored? |  |
|  | Barricades or covers installed? |  |
|  | Excavation barricaded and lighting provided? |  |
|  | Seat belts available? Lights, brakes, warning signals operative? |  |
|  | Oily rag containers used and emptied daily at garage/repair shops? |  |
|  | Adequate lighting and ventilation for repair shop and warehouse? |  |
|  | OTHERS: |  |

\*Y=Compliant, NI= Needs Improvement, N=Non-Compliant, N/A= Not Applicable