

DAILY JOB SAFETY CHECKLIST

Job: _____ Superintendent: _____

Date: _____ Inspection Performed by: _____

Job Information:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | OSHA 300 forms posted and complete? |
| <input type="checkbox"/> | <input type="checkbox"/> | OSHA poster posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | Phone number for nearest medical center posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | Tool Box Talks up to date? |
| <input type="checkbox"/> | <input type="checkbox"/> | Work area properly signed and barricaded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are MSDS sheets available and maintained for easy reference? |

Housekeeping:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | General neatness of the work area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste containers provided and used? |
| <input type="checkbox"/> | <input type="checkbox"/> | Passageways and walkways clear? |
| <input type="checkbox"/> | <input type="checkbox"/> | Slip/trip hazard control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Cords and leads protected? |
| <input type="checkbox"/> | <input type="checkbox"/> | Dust control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate toilet facilities? |

Fire Prevention:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguishers available/inspected? |
| <input type="checkbox"/> | <input type="checkbox"/> | "No Smoking" posted and enforced near flammables? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are flammables stored in approved containers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are containers properly labeled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are HOT WORK permits required? |

Electrical:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Extension cords with bare wires or missing ground prongs taken out of service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are GFCI's being used? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are GFCI's being tested monthly? |

Hand, Power and Powder Actuated Tools:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Hand tools inspected regularly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Guards in place on tools? |
| <input type="checkbox"/> | <input type="checkbox"/> | Right tool for the job at hand? |
| <input type="checkbox"/> | <input type="checkbox"/> | All Operators of power actuated tools are licensed? |

Fall Protection:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Safety rails extend atleast 42" above the landing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety rails have handrails, mid-rails, and toeboards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees have D-ring of harness in center of back? |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees exposed to fall hazards are tied off? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are workers in manlifts tied off? |
| <input type="checkbox"/> | <input type="checkbox"/> | Employees below protected from falling objects? |

Ladders:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Rails extend 36" above the landing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladder tied off or supported? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders with split or missing rungs take out of service? |
| <input type="checkbox"/> | <input type="checkbox"/> | Step ladders used in fully opened position? |
| <input type="checkbox"/> | <input type="checkbox"/> | No step at the top two rungs of stepladders? |
| <input type="checkbox"/> | <input type="checkbox"/> | Extension ladders are not seperated? |

Scaffolding:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Erection supervised by a competent person? |
| <input type="checkbox"/> | <input type="checkbox"/> | All scaffolding inspected daily? |
| <input type="checkbox"/> | <input type="checkbox"/> | Erected on sound rigid footing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Guardrails, mid-rails, toeboards and screens in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | Planking is sound and sturdy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper access is provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | Fall protection where required? |
| <input type="checkbox"/> | <input type="checkbox"/> | Overhead protection where required? |

Floor and Wall Openings:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All floor openings planked in the work area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Perimeter protection in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | Deck planks secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials stored away from the edge? |

Trenches, Excavation and Shoring:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Competent person on hand? |
| <input type="checkbox"/> | <input type="checkbox"/> | Utilities identified and located? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the type of soil identified A, B, C or D? |
| <input type="checkbox"/> | <input type="checkbox"/> | Excavations are shored or sloped back? |
| <input type="checkbox"/> | <input type="checkbox"/> | Spoils are placed at least 2' from the trench? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ladders are provided every 25'? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is excavation barricaded properly? |

Material Handling:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Swing radius barricaded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Outriggers in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe clearance from energized equipment or lines? |
| <input type="checkbox"/> | <input type="checkbox"/> | Tag lines in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Cables, hooks, slings, etc. inspected before use? |

Cranes and Drill Rigs:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the swing radius barricade in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the outriggers in use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Operator CCO licensed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is proper cribbing being used? |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand signal chard on the crane? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the Operator logs current? |
| <input type="checkbox"/> | <input type="checkbox"/> | No one is under suspended loads? |
| <input type="checkbox"/> | <input type="checkbox"/> | Chains and slings inspected and tagged as required? |

Concrete/Grout:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are dust masks being used? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is exposed skin covered? |

Personal Protective Equipment:

- | (N/A) | (Y) | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Hardhats are being worn? |
| <input type="checkbox"/> | <input type="checkbox"/> | Safety glasses are being worn? |
| <input type="checkbox"/> | <input type="checkbox"/> | Respirators being worn when required? |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing protection being worn when required? |
| <input type="checkbox"/> | <input type="checkbox"/> | Traffic vest being worn when required? |

Welding and Cutting?

- | (N/A) | (Y) | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Protection of combustibles? |
| <input type="checkbox"/> | <input type="checkbox"/> | Cylinder Storage - Separate, Protected, Secured, Upright? |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper grounding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguisher available/fire watch? |
| <input type="checkbox"/> | <input type="checkbox"/> | Proper ventilation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Back pressure check valves? |

Any item not checked "N/A" or "Y" shall be explained on the back of this form.