**Project Name and Location:**

**OSU FDC PM or CM:**

**CMR/DB/GC: Date:** MM/DD/YYYY

**CHECKLIST COMPLETED:** (Check the box [x]  that applies)

[ ] Off-Site

[ ] On-Site

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| **GENERAL SAFETY:** **Required at this jobsite?** [ ] **Yes** [ ] **No** [ ] **Not Applicable** |
|  | **COMMENTS** |
| 1. Is Personal Protective Equipment required and enforced on this site? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2. Are daily safety inspections being completed by the contractors? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Are travel routes for construction traffic identified, and spotters and traffic control officers in place at all potential pedestrian pathways? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 4. Have any unsafe acts been observed on this jobsite? |[ ]  Yes |[ ]  No |[ ]  NA |  |

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| **LADDERS:**  **Present at this jobsite?** [ ] **Yes** [ ] **No** [ ] **Not Applicable** |
|  | **COMMENTS** |
| 1. Correct size for the job? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2. Fully opened and spreader bars locked? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Firm foundation for ladder feet? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 4. Three-point contact rule followed? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 5. Free from obvious defects? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 6. No person working off top step?  |[ ]  Yes |[ ]  No |[ ]  NA |  |
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| **SCAFFOLDS:** **Are present at this jobsite?** [ ] **Yes** [ ] **No** [ ] **Not Applicable** |
|  | **COMMENTS** |
| 1. Fall protection used if over 10’ tall? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2. Set up on level, stable footing? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Platform is appropriate width for type of scaffold? |[ ]  Yes |[ ]  No |[ ]  NA |  |

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| **FALL PROTECTION:** **Needed at this jobsite?** [ ] **Yes** [ ] **No** [ ] **Not Applicable** |
|  | **COMMENTS** |
| 1. Fall protection utilized for heights 6 ft. or more? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2. Is fall protection appropriate for work area (tied off overhead, or leading edge as needed?) |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Are floor openings covered with substantial material, secured and marked “hole”?  |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 4. Guardrails set up for openings >6’ above lower level |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 5. Guardrails are constructed sturdily, and installed at 42” with mid rails at 21”?  |[ ]  Yes |[ ]  No |[ ]  NA |  |

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| **MACHINE HAZARDS:** **Are power tools and machines used at this site?** [ ] **Yes** [ ] **No** [ ] **NA** |
|  | **COMMENTS** |
| 1. Workers are trained on the use of power tools? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2. Workers have appropriate PPE and keep clothing away?  |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Workers trained prior to using power actuated fasteners?  |[ ]  Yes |[ ]  No |[ ]  NA |  |

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| **ENVIRONMENTAL:**  **Any environmental concerns at this site?** [ ] **Yes** [ ] **No** [ ] **Not Applicable** |
|  | **COMMENTS** |
| 1. Do chemicals used on site have proper labeling, secondary containment and safety data sheets? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2 .Is construction dust creating potential concern for respirable dust? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Tile and Concrete cut with wet method?  |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 4. Does the site have provisions available for changing weather conditions – heat, cold, rain, wind? Are jobsite materials properly secured in case of high wind conditions? |[ ]  Yes |[ ]  No |[ ]  NA |  |

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| **ELECTRICAL HAZARDS:** **Are present at this site?** [ ] **Yes** [ ] **No** [ ] **Not Applicable** |
|  | **COMMENTS** |
| 1. Work on electrical circuits or energized equipment is begun only after all power sources have been identified, de-energized and locked out or tagged out? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2. Overhead and underground electrical hazards are clearly identified, and efforts made to avoid contact? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Extension cords are undamaged, and not causing tripping hazards? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 4. Ladders, scaffolds, equipment or materials more than 10’ from electrical power lines?  |[ ]  Yes |[ ]  No |[ ]  NA |  |

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| **EXCAVATIONS:** **Are present at this jobsite?** [ ] **Yes** [ ] **No** [ ] **Do not know** |
|  | **COMMENTS** |
| 1. Soil and conditions are inspected daily and when weather conditions change? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 2. Safe exits (ladders) for excavations greater than 4’ deep? |[ ]  Yes |[ ]  No |[ ]  NA |  |
| 3. Shoring, shielding and inclination assessed for excavations greater than 5’ deep?  |[ ]  Yes |[ ]  No |[ ]  NA |  |

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| **ACTIONS OR CHANGES** |
|  | **COMMENTS** |
| 1. Discussed any safety concerns with CMR/DB/GC? |[ ]  Yes |[ ]  No |  |  |  |
| 2. CMR/DB/GC will address concerns/issues with their jobsite personnel?   |[ ]  Yes |[ ]  No |  |  |  |

**ADDITIONAL COMMENTS:**