

Jobsite Safety Checklist

Project Name:		Date:		
Client Name:				
CM and/or Contractor:				
Tectonic Site Personnel:	1. _____	2. _____	Attach Additional List	
	3. _____	4. _____		
S – Satisfactory	NS – Not Satisfactory		NA – Not Applicable	
Item	S	NS	NA	Action/ Comments
1. PERSONAL PROTECTIVE EQUIPMENT				
Head protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foot protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Vest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level C or >	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. FALL PROTECTION				
Walking and working surfaces $\geq 6'$ -Fall Protection Program/Plan in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PFA equipment properly worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardrails in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Netting in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floor Holes & Openings Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall Openings and edges protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolds –Rails in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. LADDERS				
Secured as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper angle. 4:1 (extension ladders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladder Extends 3' above surface (extension ladders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper size and type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level footing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladder inspected and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Slip Bases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item Inspected	S	NS	NA	Corrective Action/ Comments
4. POWER TOOLS, EQUIPMENT & GUAGES				
General condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nuclear Density Gauge(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coring Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper guards, cords, GFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. WORKING AROUND HEAVY MACHINERY/EQUIPMENT/VEHICLE				
Boring Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excavators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Truck Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. TRENCHES & EXCAVATIONS				
Properly sloped or shored $\geq 5'$ depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excavated soil/spoils at least 2' from the edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper Egress $\geq 4'$ (i.e., ladder) to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Atmosphere $\geq 4'$ has air been tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protection to prevent employees, vehicles, and equipment from falling into excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Accumulation				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. HOUSEKEEPING/ HYGIENE				
Washroom facilities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pathways free from tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Walking & Working Surfaces free from slip/ trips/ falls Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. GENERAL & OTHER				
Owner/Owner Rep /Controlling Contractor site specific safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Orientation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Traffic Control Plan (TTCP)/ Maintenance & Protection of Traffic (MPT) Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non Routine Activities, e.g. Confined Space, LOTO, Working Above or near water, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Actions:

Completed by:

Name: _____ Signature: _____

Date: _____