

Safety Checklist

Project Name:		Date:		
Client Name:				
Project Location:				
Tectonic Site Personnel:	1. _____ 2. _____ Attach Additional List			
S – Satisfactory	NS – Not Satisfactory	NA – Not Applicable		
Item	S	NS	NA	Corrective 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	<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				
Fixed Ladders Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper use of Portable Ladders	<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 & type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level footing, stable and level surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders free of any slippery material on the rungs, steps or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-slip bases /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"/>	
location where it cannot be displaced by other work activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Item	S	NS	NA	Corrective Action/ Comments
4. Working Remote or Lone Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there cell phone service in the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phones Charged/Mobile Charger/Solar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buddy System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat & Cold Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plants & Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. RF Safety				
RF Safety –Distance & Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number & Power Density of antenna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Singe & Recognized Boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMF Monitoring as Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Roof Top Safety				
Fall protection in place (e.g. parapet height min 39")- If not remain min of 15' from unprotected edge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Ladders- See item 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional PPE & Necessary tool & equipment lanyards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking Paths/ Slips/Trips & Fall or stuck by hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weather Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Electrical Safety				
Electrically Qualified Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work on or near Live Electric (AC , DC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arc Boundary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voltage ELV, LV, HV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lock-out/ Tag-out required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounding/GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extension Cords Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tools Inspected/Insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Lines /Buried Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-conductive wood or fiberglass ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Building Surveys & Non Routine Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawl Spaces, Shafts, Plenums ,Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boiler Rooms & Sub-basements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking & Working Surfaces have proper fall protection ($\geq 4'$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Actions:

Name: _____

Signature: _____

Date: _____