

Your Company

Phone: (503) 555-1212
Fax: (503) 555-1213

CCB# XXXXXX

Job Startup Safety Checklist

___ PPE (Personal Protective Equipment)

*Has PPE Assessment form been completed? Yes _____ No _____

*What requirements are set by the General Contractor? _____

___ Mobile Elevated Work Platforms

*Are all operators trained in the type of lifts being used? Yes _____ No _____
(Scissor lifts, fork lifts, snorkel booms, bucket truck, crane)

___ Lockout

*Are additional locks, tags, hasps, breaker attachments needed? Yes _____ No _____

___ Fall Protection

*Are there tasks where the worker is above 6 ft? Yes _____ No _____

*What are the means of Fall Prevention? (*guardrails, anchorage points, personal fall arrest systems?*)

*Is a site specific plan needed? Yes _____ No _____

___ Hazard Communications

*Are MSDS' available for any/all chemicals being used on site? Yes _____ No _____

*Are there any special requirements for these chemicals? (*ventilation, disposal, storage*)

___ Confined Spaces

*Are there any confined spaces? (*manholes, vaults, etc*) Yes _____ No _____

*Potential for hazardous atmospheres? Yes _____ No _____

*Is the space over 5' vertical depth? Yes _____ No _____

*Are entrants/attendants certified/trained? Yes _____ No _____

___ Trenching

*Is there a trench over 4' in depth? Yes _____ No _____

*What are the means of shoring? (*sloping, benching, mechanical devices*)

*Is there a competent person on site? Yes _____ No _____

whom? _____

___ Scaffolding

*Will scaffolding be utilized on this project? Yes _____ No _____

*Is there a competent person on site? Yes _____ No _____

whom? _____

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Job Startup Safety Checklist (*continued*)

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___ **Asbestos**

- *Was the building constructed pre-1980? Yes _____ No _____
- *Did building owner provide AHERA plan? Yes _____ No _____
- *Will workers occupy asbestos containing areas?
(*crawl spaces, boiler rooms, ceilings*) Yes _____ No _____
- *Will asbestos containing materials be disturbed?
(*pipe insulation, flooring material*) Yes _____ No _____
- *Are workers trained in abatement and detection? Yes _____ No _____
- *Equipment needs? (*HEPA vacuum, Tyvek suits, respirators*) _____

___ **Lead**

- *Will painted surfaces be disturbed? Yes _____ No _____
- *Has testing been done by building owner or GC?
results: _____ Yes _____ No _____
- *Is exposure monitoring being done? Yes _____ No _____
- *Are wet methods being used? Yes _____ No _____
- *Are workers trained? Yes _____ No _____

___ **MSDS Book**

___ **Fire Extinguisher**

___ **First Aid Kit**

___ **Bloodborne Pathogens Kit**

___ **Postings**

- *Your Rights/Fair Labor Act/Wage & Hour Laws
- *Equal Employment Opportunity
- *Family Medical Leave
- *Parental Leave
- *Assured Grounding Poster
- *Job Safety & Health Protection
- *Pregnancy Leave
- *Emergency Poster
- *Nearest Emergency Medical Facility

Additional Information _____

Job Name: _____ PM: _____

Completed by: _____ Date: _____

Your Address