



## CONTRACTOR SAFETY INSPECTION CHECKLIST

Date Inspection Conducted: \_\_\_\_\_

Project: \_\_\_\_\_

PERSONAL PROTECTIVE EQUIPMENT	HAZ COM
Safety glasses and/or goggles available & being used?	MSDS openly available to all employees?
Face shield available for bulk liquid tasks? Grinding?	Flammable liquids are in approved safety cans?
Hand protection used/worn as required?	Flammable liquids storage containers labeled properly?
Foot protection worn as required?	All hazardous containers labeled appropriately?
Hearing protection worn where required?	Supplies on hand for accidental chemical spills?
Hard hats worn correctly on construction site?	<b>LADDER/STAIR SAFETY</b>
Respirators if required? Type? Training?	Ladders are safe and inspected as appropriate?
High visibility vest worn?	Fall protection utilized when ladder is less than 1.5 x from guardrail?
<b>ELECTRICAL SAFETY</b>	Stairs or ladder provided for access points > 19" high?
GFCI's used for all portable electrical hand tools?	Extension & straight ladders extend 3' beyond landing?
Electrical panels are labeled appropriately? Secured?	Stepladders are only used in open position?
Light bulbs for illumination protected from breakage?	<b>CONFINED SPACE</b>
LO/TO is being used for appropriate tasks?	Confined space entry work? Posted?
NFPA 70E procedures utilized?	Retrieval device in place and utilized?
Temporary power equipment has no exposed electrical parts?	Permit for confined spaces?
For extension cords: hard usage cord includes three-wire cords marked S, ST, SO, STO, SJ, SJO, SJT, or SJTO	Fire/Rescue notified for confined space entry?
Electrical cords inspected & have all prongs intact?	Air monitoring?
Portable generators are grounded per NEC requirements?	Training in place?
Electrical power tools are double insulated or grounded?	<b>MATERIAL HANDLING</b>
<b>COMPRESSED GASSES</b>	Employees operating PITs are trained on the equipment?
Compressed gas cylinders stored secured & upright?	Wire rope used for lifting? Deterioration is absent?
Oxygen/acetylene torch units have flash back arrestors?	Web slings used for lifting? Deterioration is absent?
Compressed gas cylinders not in use have caps in place?	Crane setup and use is consistent with crane use plan?
<b>EXCAVATION</b>	Hooks used for lifting have safety latch in place?
Excavation-ladders if > 4ft deep? Extend 3 ft? 50 ft apart?	Storage areas are well maintained?
Excavation – protection from cave-ins for > 4 ft?	Use and practice by workers is ok?
Sloping, shoring evaluated? Is tabulated data available?	<b>EMERGENCY/FIRST AID</b>
Daily inspection?	Emergency phone numbers posted and known by all?
<b>HAND TOOLS/POWER TOOLS</b>	Emergency eyewash units accessible?
Grinders (portable & stationary) have guards in place?	First aid kit available at work site?
Impact style air tools have safety clips/retainers installed?	Fire extinguishers readily available (not blocked)?
Pneumatic power tools have hoses secured?	Fire extinguishers inspected?
Portable circular / table saws equipped with protective guards?	<b>GENERAL SAFETY</b>
Unsafe hand tools are removed from service?	General housekeeping is neat and orderly?
Impact tools, hammers kept free of splinters/mushrooms?	Wall openings & floor holes are covered or guarded?
<b>OTHER</b>	Rebar caps used for protruding bars?
Permits in place (crane use, hot work, lockout/tagout, excavation, delivery truck checklist, confined space entry, fall protection coordination form)?	Concrete work is completed wet or with dust collection system? Silica dust training documented for all?
Tool-box talks conducted and documented?	Scaffolding-guardrails used at 6' or greater?
Signs/signals/barricades in place?	Competent person on site?
Training conducted and documented?	Scaffold design by qualified person?
JHA available and reviewed with workers?	Monitoring of personnel and/or atmosphere as required?
Lasers in use (Class 2 or 3A/3R only)? – area posted	Task lighting is adequate?

Indicate either:      **S**=Satisfactory/Yes      **U**=Unsatisfactory/No      **N/A**=Not Applicable  
 NOTE: A check in the box to the right of the heading indicates the entire category was satisfactory

### CORRECTIVE ACTION PLAN

For all items marked as "U," list the item, person responsible, and expected completion date.

ACTION ITEM	PERSON RESPONSIBLE	DATE DUE	DATE VERIFIED*	Verified by**

### OTHER OBSERVATIONS NOT RECORDED ABOVE

OBSERVABLE ITEM	REF.	PERSON RESPONSIBLE	DATE DUE	DATE VERIFIED*	Verified by**

- \* Date Observation/Corrective Action was verified as completed.
- \*\* Initials of the individual verifying the Observation/Corrective Action was verified as completed.

Reference columns should contain the local, state, or federal regulation (for example OSHA), or project safety rule being cited.

**NO VIOLATIONS NOTED DURING THIS INSPECTION**

Name of Contractor Safety Representative: \_\_\_\_\_

Signature of Contractor Safety Representative: \_\_\_\_\_