**Project Name and Location:**

**OSU FDC PM or CM:**

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

**CHECKLIST COMPLETED:** (Check the box  that applies)

Off-Site

On-Site

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |
|  | | | | | | | |
| **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:**