

**FOREMAN/QUALIFIED EMPLOYEE**  
**SAFETY CHECKLIST**

Superintendent:

Job Location:

Date:

Inspected By:

	Yes	No
1. Emergency phone numbers posted.	<input type="checkbox"/>	<input type="checkbox"/>
2. First Aid/CPR certified employee on each job site.	<input type="checkbox"/>	<input type="checkbox"/>
A. First-aid kits available.	<input type="checkbox"/>	<input type="checkbox"/>
3. Safety Program on site.	<input type="checkbox"/>	<input type="checkbox"/>
4. State/Federal job site posters posted.	<input type="checkbox"/>	<input type="checkbox"/>
5. Drinking water with cups available.	<input type="checkbox"/>	<input type="checkbox"/>
6. Toilet facilities provided or available.	<input type="checkbox"/>	<input type="checkbox"/>
7. Personal safety equipment in use.		
A. Hard hats.	<input type="checkbox"/>	<input type="checkbox"/>
B. Eye/face protection.	<input type="checkbox"/>	<input type="checkbox"/>
C. Ear protection.	<input type="checkbox"/>	<input type="checkbox"/>
D. Hand protection.	<input type="checkbox"/>	<input type="checkbox"/>
E. Foot protection.	<input type="checkbox"/>	<input type="checkbox"/>
F. Reflective vest.	<input type="checkbox"/>	<input type="checkbox"/>
8. Fuel Storage.	<input type="checkbox"/>	<input type="checkbox"/>
A. Not stored under energized lines.	<input type="checkbox"/>	<input type="checkbox"/>
B. Fuel storage area marked "NO SMOKING" and appropriate extinguisher available in area.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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|--|--------------------------|--------------------------|
| C. All fuel cans safety type-transport only.   | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Fire extinguisher within 75 feet.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Traffic and pedestrian control devices properly used.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| A. Construction signs placed in accordance with plan or mmuted.                          | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Proper barricades.  | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Traffic Regulator.  | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Stop/slow paddle on 6' staff, hardhat, reflective vest, safety glasses.               | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Tools.   |                          |                          |
| A. Air tool connections secured.   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Portable electric tools provided with approved systems of double insulation and GFCI. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Extension cords are three wire type and in good condition.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Portable lights equipped with bulb guards.  | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Protective guards on portable tools in place.   | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Ladder in good condition.   | <input type="checkbox"/> | <input type="checkbox"/> |
| G. All hand tools in good condition no cracked or splintered handles.                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Trucks and equipment.  |                          |                          |
| A. Cranes, excavators and rubber tire back hoes have annual inspection in the machine.   | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Parking brakes set when not in use.   | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
C. Warning signs posted on truck cranes and excavating equipment. Maintain minimum 10-foot clearance when working near electrical lines.	<input type="checkbox"/>	<input type="checkbox"/>
D. Type ABC fire extinguishers available in trucks and all cabbed equipment.	<input type="checkbox"/>	<input type="checkbox"/>
E. All horns and lights in good working order.	<input type="checkbox"/>	<input type="checkbox"/>
F. Seats firmly secured on vehicles used to transport employees.	<input type="checkbox"/>	<input type="checkbox"/>
G. A copy of the most recent equipment inspection checklist on site.	<input type="checkbox"/>	<input type="checkbox"/>
H. Roll over protection and seat belts in good order.	<input type="checkbox"/>	<input type="checkbox"/>
I. Equipment safety chains in good order and in use.	<input type="checkbox"/>	<input type="checkbox"/>
J. Registration cards in all trucks.	<input type="checkbox"/>	<input type="checkbox"/>
K. Equipment and vehicle properly lubricated and maintained.	<input type="checkbox"/>	<input type="checkbox"/>
L. All drivers with valid licenses.	<input type="checkbox"/>	<input type="checkbox"/>
M. Back-up alarms in good working order.	<input type="checkbox"/>	<input type="checkbox"/>
N. Windshield void of cracks; wipers and defoggers in operable condition.	<input type="checkbox"/>	<input type="checkbox"/>
12. Underground Work.		
A. Qualified person makes periodic inspections of soil conditions and shoring systems.	<input type="checkbox"/>	<input type="checkbox"/>
B. Effort made to locate underground installations by inspection and notification to MISS DIG 1-800-482-7171.	<input type="checkbox"/>	<input type="checkbox"/>
C. Design for Shoring System available on site.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

- D. Spoils, equipment and material stored 2 feet from edge of excavation.
- E. Materials used for shoring in good working condition - trench box inspected for broken welds.
- F. Walls on manhole and ditch excavations more than 5 feet deep shored, sloped or otherwise protected.
- G. Means of ingress/egress (ladder or ramp) provided every 25 feet in trenches over 4 feet deep. Ladders extend 3 feet above top of excavation.
- H. Cofferdam has engineered design on site.
- I. Cofferdam has two means of ingress/egress.
- J. Emergency evacuation plan posted.

13. Fall Protection.

- A. Fall protection in place for work performed over 6' threshold.
- B. Holes covered and identified.
- C. Guardrails in place and inspected. (top rail 42" +/- 3" with mid-rail and toe board)
- D. Perimeter cables in place and inspected.
- E. Leading edges guarded.
- F. Workers tied off while in aerial work platform.
- G. Harness, lanyard and anchors inspected prior to use.

14. Working in confined spaces.

- A. Confined space tested and results recorded before entry.
- B. Ventilation equipment available if necessary.
- Rescue plan in place.

Yes No

- Testing equipment calibrated to manufactures specs.
  - C. No smoking or open flame within 25 feet of confined space.
  - D. Upstream utilities tagged and locked out.
15. Handling and storage of materials
- A. Rigging equipment inspected at beginning of each shift.  
    - Safety latches in place on all hooks.
  - B. Chains are alloy steel with permanent tag showing size, grade, rated capacity and manufacturer's name.
  - C. Material staked, raked, blocked, interlocked or otherwise secured to prevent sliding, falling or collapse during storage or transit.
  - D. Inspect hooks for stretching or twisting.
  - E. Slings in good condition and built properly.
16. Respiratory.
- A. Lead, asbestos, silica or cadmium present.
  - B. Proper respiratory protection in place.
  - C. Workers trained in proper use of respirator(s).
17. Accident report filled out promptly and completed after each accident. Phoned in to office for typing and mailing.
18. New employees given brief orientation as to company policies.
19. Conduct one 10-minute safety meeting (Tool Box Talk) with crew each week. Records of topic and attendance must be turned into home office.

REMARKS

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