

## **Contractor Safety Inspection Checklist**

**Construction Site:** 

Date:

Project Manager:				Contractor/Department: Contractor/Representative:	
1. General Safety		2. Environmental		3. Scaffolding	
a) All contractors have completed safety orientation		a) Asbestos measures in place		a) Documented scaffolding training	
b) Hazard Communication program implemented		b) Hazardous materials stored appropriately		b) Footings sound and rigid	
c) Housekeeping acceptable		c) Storm Water Pollution Prevention in place		c) Scaffold plumb, square and secured	
d) Proper PPE being utilized (Hard Hats, Eyewear, Etc.)		d) Dust Control measures in place		d) Guardrails/toeboards/screening	
e) All construction and emergency signs posted		e) Ventilation altered limit fugitive emissions		e) Harnesses/Lifelines used/swinging scaffolds	
4. Barricades		f) Noise Control measures in place		f) Work surface fully planked	
a) Placed for work site perimeter and street openings		g) Adequate lighting in place		g) Access ladder provided	
b) Placed for excavations 6 ft. or more		5. Fall Protection		6. Excavations or Trenches	
c) Places for drop areas of debris		a) Documented fall protection training		a) All Construction and emergency signs posted	
d) Placed for swing radius of crane or other equipment		b) Floor and wall openings covered and marked		b) Barricades present	
e) Placed for exposed electrical circuits		c) Roof Edges/Leading Edges protected		c) Underground utility lines marked out	
7. Fire Safety		d) Guardrails/toeboards used where possible		d) Protective system used (Shielding, shoring, sloping)	
a) Egress is not impeded		e) Harnesses/Lifelines Used		e) Ladders provided for excavations > 6 feet	
b) Sprinkler systems, smoke alarms, or pull stations not obstructed		8. Electrical Systems		9. Cutting, welding, or other hot work	
		a) Lockout/tagout procedures followed		a) Contractor following a hot work permit	
c) Fire watch implemented when alarm systems and suppression systems are compromised (>4hrs)		b) Documented lockout/tagout training		b) Fire watch/Fire extinguishers provided	
				c) Gas cylinders secured properly	
Comments / Item No.					
Contractor Representative Signature:			Date:		
UTRGV Safety Representative (Print):			Signat	ure:	