



Superintendents Safety Checklist

This checklist should be reviewed prior to start of the project and regularly thereafter

Project: _____

Superintendent: _____

Pre-Job (Check off as completed or if not applicable)

Complete

- Subcontractors Safety Record and EMR (Contact safety department for assistance)
- Verify if a Phase I or II (Soil contamination) Assessment was completed on the property.
 - If yes you must have a copy onsite at all times.
 - Call safety department for assistance understanding the documents.
- If project involves remodeling of an existing building, has a hazardous material survey been completed?
 - If yes you must have a copy onsite.
 - Does the survey address other hazardous materials other than Asbestos?
 - Call safety department for assistance understanding the documents.
- Conduct and document (Video or photos) preconstruction site survey of the surrounding area.
- Develop site specific safety plan (Contact safety department for assistance)
- Develop site specific orientations (A14.2)
- Develop site specific crisis management plan (Contact safety department for assistance)
- Develop site specific fire prevention program (C11.2)
- Develop site specific emergency response posting form (A15.1)
- Develop site specific evacuation plan and determine the gather point.
- Verify bearing capacity of the soil on the project.
- Determine the concrete pump outrigger pad size required for the project. (C1.1)

Start of Project and Ongoing (Check off as completed or if not applicable)

Complete

- Conduct an initial site safety inspection and then one each week thereafter. (D2)
- Have every non-company or non-owner visitor to the site sign the visitor hold harmless agreement (D3)
- Verify all documents listed in A5 (Required jobsite postings) are posted.
- If TGCC employees are working from heights develop site specific fall protection plan (C10.1)
 - Verify employees general fall protection training (Office)
 - Provide site specific fall protection training to company employees (C10.1)
 - Verify employees are performing and documenting daily inspection of the fall protection equipment (C10.3)
- Collect MSDS for all company chemicals used on the project
 - Develop company chemical list (A7.1)
 - Provide site specific HAZ-COM training to company employees (A7.2)
- Develop site specific safety committee
 - Conduct monthly meeting and develop meeting minutes (A18.1)
 - Conduct and document quarterly safety committee safety inspections (A18.2)
- Conduct and document weekly safety meetings (Toolbox or all hands) (A6.1)
- Verify general training and conduct as necessary the following site specific and/or familiarization training (A10)
 - Forklift (C13.2 and 13.3)
 - Powder actuated tools
 - Excavations
 - Ladders (C16.2)
 - Aerial work platforms (C15.3, C15.4 and C15.5)
 - Scaffold user (C15.2)
 - Signalman
 - Rigging

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- Company employees are conducting and documenting pre-task planning
- Company employees are conducting flex and stretch prior to working
- Verify first aid kit and blood borne pathogen spill kits are present and fully stocked
- Verify all common use ladders are inspected daily and the inspection documented. (C16.1)
- Verify forklifts are inspected daily and the inspection documented. (C13.1)
- Verify common use scaffold and/or scaffold stairtowers are inspected daily and inspection documented (C15.1)
- Determine if there will be confined spaces or permit required confined spaces on the project.
- Determine crane activities for the project (C5.1)
 - Conduct the work zone assessment (C5.2)
 - Lift plan developed for all lifts. (C5.4)
 - Conduct pre-lift meeting (C5.5)
 - Verify that all crane procedures are followed. (C5.1 to C5.8)

As Subcontractors Come Onboard (Check off as completed or if not applicable)

Complete

- Subcontractor must submit to you the following items: (Must keep on file at the jobsite)
 - A copy of their site specific safety plan or a copy of their overall safety plan.
 - A copy of their trained personnel and competent person list (D4)
 - A copy of their written fall protection plan if the employees are working from heights.
 - A copy of the masonry wall bracing plan if walls are over 8 ft.
 - A copy of the MSDS for their chemicals
 - A copy of the list of chemicals they have onsite (A7.1 or other)
- Subcontractor must submit to you the following qualifications/certifications: (Must keep on file at the jobsite)
 - A copy of proof of training for all first aid/CPR personnel (Can be card, a letter from their company or D4)
 - A copy of proof of training for all forklift operators (Can be card, a letter from their company or D4)
 - A copy of proof of training for aerial work platforms (Can be card, a letter from their company or D4)
 - A copy of proof of training for confined spaces. (Can be card, a letter from their company or D4)
 - A copy of proof of training for fall protection (Can be card, a letter from their company or D4)
 - A copy of proof of training for qualified rigger (Can be card, a letter from their company or D4)
 - A copy of proof of training for qualified signalman (Can be card, a letter from their company or D4)
 - A copy of proof of training for scaffold erections (Can be card, a letter from their company or D4)
 - A copy of proof of training for scaffold inspection (Can be card, a letter from their company or D4)
 - A copy of proof of training for scaffolding users (Can be card, a letter from their company or D4)
- Subcontractors must submit to you a copy of the following inspections:
 - A copy of their overall worksite safety inspections (Weekly)
 - A copy of their daily excavation inspection (C9.1 or other)
 - A copy of their daily forklift inspection (C13.1 or other)
 - A copy of their daily aerial work platform inspection (C15.6 or other)
 - A copy of their daily scaffold inspection if using common scaffolding (C15.1)
 - A copy of their daily scaffold inspection if using their scaffolding (C15.1 or other)
 - A copy of their daily fall protection equipment inspection (C10.3 or other)
 - A copy of their hot work permit (C11.1 or other)
 - Spot check their ladder inspections



Daily-Weekly-Monthly-Quarterly Safety Checklist

This checklist should be reviewed regularly by the Superintendent

Project: _____

Superintendent: _____

Daily Activities

Complete

- Employee stretch and flex
Employee pre-task planning
Company and subcontractor excavation inspection (C9.1 or other)
Company and subcontractor fall protection equipment inspection (C10.3 or other)
Company and subcontractor forklift inspection (C13.1 or other)
Company and subcontractor aerial work platform inspection (C15.6 or other)
Company common use scaffolding or scaffolding stairtower inspection (C15.1)
Subcontractor common use scaffolding inspection (C15.1)
Subcontractor self-owned scaffolding inspection (C15.1 or other)
Company or subcontractor hot work permit (C11.1 or other)
Company common use ladder inspection (C16.1)
Collect all company inspection sheets
All cranes onsite are inspected
Company and subcontractor rigging inspection (C5.7 or other)

Vertical column of 13 empty checkboxes for daily activities.

Weekly Activities

Complete

- Collect all subcontractor daily inspections from last week
Conduct and document weekly safety meeting (Toolbox or all hands) (A6.1)
Conduct a site safety inspection (D2)
Collect daily inspection documentation from crane operator (Subcontractor or company controlled)

Vertical column of 4 empty checkboxes for weekly activities.

Monthly Activities

Complete

- Conduct site safety committee meeting with minutes (A18.1)
Inspect and document inspection of all fire extinguishers onsite

Vertical column of 2 empty checkboxes for monthly activities.

Quarterly Activities

Complete


- Conduct safety committee safety inspection (A18.2)
Inspect and test all extension cords onsite and re-label to current quarters color (C7.1)

Vertical column of 2 empty checkboxes for quarterly activities.

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SECTION D2 Weekly Safety Inspection Form

INJURY ILLNESS PREVENTION PROGRAM

	WEEKLY SAFETY INSPECTION FORM	
	Job Name: _____	Date: _____
	Job Number: _____	Inspector(s): _____
	Superintendent: _____	_____
	Project Manager: _____	_____

Administration	Engineering and Technology
<input type="checkbox"/> IIPP Manual	<input type="checkbox"/> Concrete Safety Procedures
<input type="checkbox"/> MSDS and Chemical Lists Posted	<input type="checkbox"/> Tilt Up safety Procedures
<input type="checkbox"/> Code of Safe Work Practices Posted	<input type="checkbox"/> Masonry Construction Procedures
<input type="checkbox"/> Required Posting Posted	<input type="checkbox"/> Confined Space Procedures
<input type="checkbox"/> Safety Meetings on File	<input type="checkbox"/> Crane, Rigging, Signaling Procedures
<input type="checkbox"/> Site Specific Safety Plan on File	<input type="checkbox"/> Demolition Procedures
<input type="checkbox"/> Pre-Task Planning	<input type="checkbox"/> GFCI/Temp Power/Temp/Lighting Procedures
<input type="checkbox"/> Emergency Response Plan Posted	<input type="checkbox"/> Lock Out / Tag Out Procedures
<input type="checkbox"/> PPE Requirements	<input type="checkbox"/> Excavation and Trenching Procedures
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Fall Protection Procedures
<input type="checkbox"/> First Aid (Kits – Personnel)	<input type="checkbox"/> Guardrails
Occupational Health	<input type="checkbox"/> Wall and Floor Hole Protection
<input type="checkbox"/> Bodily Fluids Spill Kit	<input type="checkbox"/> Anchorage, Lifeline, Lanyard and Harness
<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Warning Lines
<input type="checkbox"/> Hearing Conservation Procedures	<input type="checkbox"/> Fire Protection Procedures
<input type="checkbox"/> Infection Control Procedures	<input type="checkbox"/> Hand, Power and Powder Actuated Tool Use
<input type="checkbox"/> Lead Exposure Prevention Procedures	<input type="checkbox"/> Forklift Operation Procedures
<input type="checkbox"/> Asbestos Exposure Prevention Procedures	<input type="checkbox"/> Motorized Equipment Procedures
<input type="checkbox"/> Silica Exposure Prevention Procedures	<input type="checkbox"/> Scaffolding Procedures
<input type="checkbox"/> Chemical Spill Kit	<input type="checkbox"/> Aerial Lift Procedures
Other	<input type="checkbox"/> Ladder Safety Procedures
<input type="checkbox"/> Potable Water Available	<input type="checkbox"/> Stairway safety procedures
<input type="checkbox"/> Sanitation/Toilets (Right Type and Number)	<input type="checkbox"/> Steel Erection Procedures
<input type="checkbox"/> Impalement Protection	<input type="checkbox"/> Welding, Cutting and Brazing Procedures

Notes:



Visitor's Hold Harmless Agreement

In consideration of being permitted, for my own purposes and interest, entry to the premises or construction site of T.Gerding Construction Company, I hereby release, hold harmless, and indemnify T.Gerding Construction Company, the project Owner, and its consultants, and subcontractors, from and against, and assume the risk, for any and all damages, losses, injuries and any and all other claims of any type whatsoever for personal injury (including death) and other loss or damage of any nature whatsoever for the injury to myself and/or damage to my personal property, sustained or caused while on such premises or site. In the event any clause, term or provision of this agreement shall be declared or adjudicated, void or invalid, it shall in no manner effect the other clauses, terms and provisions hereof, which shall remain in full force and effect, as if the clause, term or provision so declared or adjudicated invalid were not originally a part hereof.

The undersigned, and each of us, acknowledges that the Project sites, including any underground areas, is and are dangerous and that risk of serious accident or injury is inherent. Each of the undersigned acknowledges the risk(s) and voluntarily assumes such risk(s).

This release and hold harmless agreement is binding upon the undersigned and each of his, her or their respective heirs, representatives and assigns

Date	Company Name	Visitor's Name	Signature

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SECTION D4 Trained Personnel and OSHA Competent Person List

INJURY ILLNESS PREVENTION PROGRAM

Trained Personnel and OSHA Competent Person List

To be filled out by every major subcontractor onsite.

Company Name: _____

Project Name: _____

Signature of the Management Personnel attesting to the information: (Sign at Arrow)

—————→ _____

Super/Fore Name: _____ **Phone:** _____

Safety Director: _____ **Phone:** _____

OSHA Required	Your Competent Person(s)	Your Trained Personnel
General Safety & Health Provisions		
First Aid/CPR		
Respiratory Protection		
Lead Safety (Awareness Training)		
Asbestos Safety (Awareness Training)		
Excavation		
Confined Space		
Fall Protection		

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SECTION D4 Trained Personnel and OSHA Competent Person List

INJURY ILLNESS PREVENTION PROGRAM

Crane Assembly Director(s)		
Crane Operator(s)		
Work Area Assessor(s)		
Steel Erection		
Erection Plan Developer(s)		
Qualified Signalmen		
Qualified Rigger(s) General		
Qualified Rigger(s) Multi lift		
Scaffold Erectors		
Scaffold Inspections		
Scaffold Users		

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SECTION D4 Trained Personnel and OSHA Competent Person List

INJURY ILLNESS PREVENTION PROGRAM

Scaffold Users Cont.		
Hot Work (Electrical)		
Forklifts		
Aerial Work Platforms (Boom and Scissor)		
Others		