

Checklist: The checklist has been provided to assist in the planning and implementation of your activities. The checklist should be completed and submitted to Unger's Project Manager before mobilization to the project site. Failure to submit the required checklist and accompanying data may result in the withholding of progress payments due to the subcontractor or may delay the start of work by the subcontractor.

Prior to onsite mobilization: All subcontractors (and their second tier subcontractors) are required to develop and submit a safe work plan (some organizations call them job hazard analysis others call them pre-task plans) to be reviewed for their scope of work. The safe work plan must be reviewed and approved by Unger Construction before crews can mobilize to the site. If this process is unfamiliar Unger Construction will assist with developing a safe work plan.

Proof of training and or certification needs to be submitted to the Unger Project Manager for all employees that will be working on the jobsite, before the subcontractors can start work. For example powered industrial equipment, heat stress, powder actuated tools, scaffold, and fall protection to name a few.

Pre-Task Planning: All subcontractors are required to furnish to Unger Construction a Job Hazard Analysis (JHA), safe work plan or Pretask plan prior to commencement of work on site. The JHA shall cover general and specific work activities, all related hazards, and actions to be taken to eliminate the hazards. The JHA shall be submitted to Unger Construction and approved prior to commencement of work. The subcontractor shall go over the JHA with all workers on site as part of their training. Subcontractors may be required to submit additional JHAs by Unger Construction not covered by the original JHA during the course of work. Subcontractor shall perform and document pre-task planning to identify any hazards related to their work. The JHA shall be available for inspection by Unger Construction at any time.

Setting the Safety Culture at the Jobsite: Unger Construction conducts a site specific orientation for all subcontractors, vendors and support personnel prior to granting access to the job site. This orientation communicates the property owner's expectations as well as Unger Construction's expectations. This orientation is conducted by supervisory personnel in a face-to-face format to ensure each worker fully understands the expectations, this orientation typically last ~45 minutes. During their jobsite safety orientation, subcontractors are made aware of our "Stop Work Card" program. The focus of the Stop Work Card is on changing behavior, not punishment. The primary purpose of the Stop Work Card is to allow people to freely stop unsafe activities from proceeding or happening at all. The secondary purpose is to eliminate undesirable behavior and to correct unsafe conditions. Anyone can present our Stop Work Card, anytime there is a safety concern. When a Stop Work Card is presented work must stop immediately. Work cannot restart until a better, safer way of performing the work can be developed or it is determined that the current practice is appropriate.

Responsibility: Subcontractors shall make Unger Construction immediately aware of any unique safety, health, or environmental concerns related to their work and make timely efforts to notify other affected contractors working on site and protect the public from hazards.

Dress Code/Music Players: All Subcontractors' employees shall be dressed in appropriate clothing when entering the jobsite, including long pants, work boots, shirts with sleeves. Whenever powered industrial vehicles such as scissor lifts, forklifts, aerial boom lifts or earth moving equipment are onsite the workers top or outermost layer must be a high visibility color. A high visibility top color garment could be a vest, jacket, sweatshirt, or tee shirt. Music players (radio, iPod, MP3) are not allowed.

Personal Protective Equipment (PPE):

Safety glasses, hard hats and work boots are required 100% of the time while working within the designated construction area. High visibility top colors (vest, shirt, jacket) are required when powered industrial equipment such as scissors lifts, forklifts, boom lifts, backhoes, concrete trucks, concrete pumps, delivery trucks, cranes, or earth moving equipment. In other words on most construction sites will require a high visibility top color.

1. Will your work require additional PPE?

NA

<u>Eyes</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Full Face Shield	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Wire Screen	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Plastic	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Welding helmet	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Goggles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chemical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Welding/Brazing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Eye Wash Station	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Hands</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cut resistant gloves	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chemical resistant gloves	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Thermal Gloves	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Ears</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Sound level survey data from similar or substantially similar tasks must be supplied to Unger Construction.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Foam inserts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ear muffs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Foam Inserts and ear muffs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Fall Protection</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Active fall protection requires proof of training/certification as well as a written site specific fall protection plan which must include rescue plans for a fallen worker.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Active fall protection (Anchorage point, Full Body Harness, Connector Lanyard)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training records _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Written Site Specific Plan _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rescue Plan _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Passive fall protection (Barricade, Railing, Cover)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<u>Respiratory Protection</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Airborne sampling data from similar or substantially similar tasks must be supplied to Unger Construction as well as a Site Specific Respiratory Protection plan.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Written Site Specific Plan _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Respirator Type/Style _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Filter Media Type _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Records for each worker	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Medical Surveillance Release (Remove/blacken out personal information):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Quantitative Fit Test Records _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Qualitative Fit Test Records _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training Records _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Pre-Job Start up / Pre-Mobilization

2. Powder Actuated Tools NA

Will the work performed on this project involve the use of powder-actuated tools? If yes training records for each worker must be provided.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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3. Corded Tools NA

Will the work involve the use of cord connected power tools? If yes GFCI's must be provided.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
All corded tools and extension cords shall be free of tape, cords shall be free of nicks or cuts, cord connectors will be properly attached, all prongs will be in place.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
All guards, shields covers and safety interlocks shall be functioning per the original equipment manufacturers design.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

4. Breaking, Chipping, Sawing, Coring/Drilling Holes NA

Will the work scope require you to cut into, chip into, or drill into asphalt, pavement or concrete? If yes, work of this type will require a utility scan and a permit from USA North (811)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work scope require you to cut into, chip into, or drill concrete walls, ceilings or floors? Generally speaking this type of work will require scanning the surfaces for embedded utilities or cables.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training records for each worker must be provided.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
These types of activities will likely require silica dust control measures (wet cutting methods, vacuum attachments) and personal protective equipment (respirators)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Excavation and Trenching (Poles or Stakes) NA

Will this work scope involve excavation or trenching (Poles or Stakes)? If yes, work of this type will require a utility scan and a permit from USA North (811)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
"Excavation" means any operation in which earth, rock or other material in the ground (including but not limited to asphalt, pavement, concrete, flatwork or footings) is moved, removed or otherwise displaced by means of tools, equipment (including saw cutting)"		
Will the work scope require you to excavate, trench, dig, or otherwise penetrate into the ground (including use of stakes or poles) deeper then 6"?		
Will this work scope involve any excavation deeper than 5 feet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will this work scope involve sanitary sewer line repair or replacement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will this work scope involve storm sewer line repair or replacement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for Excavation and Trenching: - JHA detailing Shoring Plan - Training Records	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/>

6. Demolition NA

Has the subcontractor signed off on the Control of Hazardous Energy Plan: Electrical, Gas, Water, Steam, or other Utilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit JHA or SOP for review and approval	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training records for each worker must be provided.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Client permits required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Pre-Job Start up / Pre-Mobilization

7. Traffic & Pedestrian Control

NA

Will this work scope require ANY traffic or pedestrian disruptions? Blocking or partially blocking any roadway .walkway or driveway...?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Traffic & Pedestrian Plan (per California MUTCD)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training Records for Flaggers (per California MUTCD)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8. Control of Hazardous Energy (Lock out /Block out)

NA

Will you be doing any electrical work? If "YES", your company must submit a copy of your electrical safety program outlining how you meet the requirements of NFPA 70E. If Yes, provide training records for Low/High Voltage and Arc Flash	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your work involve working on non-electrical systems that contain hazardous energy? [] Mechanical [] Pneumatic [] Chemical [] Thermal [] Hydraulic [] Water [] Steam [] Gas	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your work include service, maintenance, or modification of equipment in which the unexpected energization or start-up of the equipment, or the release of stored energy, could cause injury to people or damage to equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you removing or opening any electrical equipment covers of electrical equipment? For example boxes, panels, disconnect switches, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you doing any demolition work that will require the removal of electrical equipment, walls, partitions, building structures, piping systems, ducts, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your work require installing, repairing or modifying rotating equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Energized electrical work will require specific job hazard analysis review and approval. Energized electrical work must meet the requirements of NFPA 70e	YES <input type="checkbox"/>	NO <input type="checkbox"/>

9. Elevated Work Surfaces (aerial / scissors lifts, scaffolds or Ladders)

NA

Identify what will be used on this project below:		
Elevated Work Platforms		
Aerial Boom Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Articulating Boom Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scissor Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Man-Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (identify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for aerial and platform lifts: - Training Records for each person operating lift.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scaffolding		
Tubular & Coupler Scaffolding	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rolling Scaffold	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mobile Scaffold	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mason/Bricklayers Scaffold	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (describe):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for scaffold use: Training records for each person erecting and disassembling scaffold. Training records for users of fall protection Training records for scaffold users	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ladders		
A-Frame or Platform Ladder	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Extension Ladder	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ladder must be inspected before being brought to the project by a competent person	YES <input type="checkbox"/>	NO <input type="checkbox"/>

10. Cranes & Heavy Equipment

NA

Identify cranes or heavy equipment that will be used on this project below:		
Backhoe	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Front End Loader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Excavator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crane Under 3 Tons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crane Over 3 Tons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Forklift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (identify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for crane or heavy equipment:		
- Crane current annual inspection certification:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Crane quadrennial proof load test certification:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Crane operator's license:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Lift plan for each lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Backhoe, Front End Loader, Excavator proof of competency	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Operator certification/license:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

11. Fire Protection & Prevention

NA

Will work include the use of open flames such as torches, welders, grinders, tar pots or any other tool or process/procedure that could cause sparks or open flames?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will work be performed near combustible storage containers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will there be on-site refueling of equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has a Fire Watch been training in the use of fire extinguisher and emergency procedures for the work being performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit a hot work permit	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fire watch log sheets	YES <input type="checkbox"/>	NO <input type="checkbox"/>

12. Welding / Hot Cutting

NA

Will the work involve welding/cutting steel at a painted surface?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work involve welding/cutting stainless steel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for welding or hot cutting on non-lead containing surfaces (new steel construction):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory Protection Program (see page #2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for welding or hot cutting on lead containing surfaces (where lead paint exists or has been abated):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory Protection Program (see page #2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Blood lead baseline sample results (excluding employee SSNs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Documentation that workers have received lead awareness training.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for welding or hot cutting on stainless steel :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Documentation of hexavalent chromium training.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

13. Steel Erection and Assembly

NA

Is steel erection part of this work scope?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for Steel Erection and Assembly:		
- Site-Specific Erection plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Fall protection work plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Pre-Job Start up / Pre-Mobilization

14. Roofers / Non-Roofers (working near leading edges) **NA**

Will roof installation or roof repairs be performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you be on any roof performing work in your specific trade?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
For Roofers Subcontractor will submit the following items for Roofing Work: - A fall protection work plan indicating the fall protection system to be used - Training Records for all person working on the roof	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/>
For Non-Roofers Subcontractors will submit the following items for working on roofs: -A "Roof Work Plan" which is a diagram & written direction on how the roof -Fall Protection Training	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/>

15. Hazardous Materials (including Lead and/or Asbestos) **NA**

Has a hazardous materials survey been performed to ensure that potential hazardous materials such as asbestos and lead have been located or confirmed to be absent on the project? (Common building materials that contain asbestos include floor tile and mastic, sheetrock and taping compound, pipe insulation, fire doors, and transite. Painted surfaces commonly contain lead).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work involve the use of any chemicals, such as paints, solvents, adhesives, epoxy coatings, fuels or other hazardous materials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are all personnel using these materials trained in safe handling?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will employees be potentially exposed to airborne concentrations of hazardous gas, fume, dust or mist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SDS's are available to the workers onsite?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will respirators be required? If yes return to page #2	YES <input type="checkbox"/>	NO <input type="checkbox"/>

16. Lead Paint **NA**

Will the work involve sanding, grinding, scraping, brazing, cutting, welding, removing or otherwise disturbing painted surfaces in such a way that lead particles may become airborne?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for lead paint removal: - JHA for lead paint removal - Site-Specific Lead Compliance Plan - Respiratory Protection Program - Company's Lead Compliance Program - Department of Public Health Lead Worker & Supervisor Training Certificates	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>

17. Asbestos **NA**

Will the work require asbestos removal or disturbance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work require a 10 day notification to the air quality management district? Renovations or demolition involving RACM greater than or equal to 100 linear feet 100 sq ft, or 35 cu ft	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Proof of notification to the air quality management district	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Site Specific Asbestos Compliance Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
JHA addressing asbestos hazards	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Respiratory Protection Program (see page #2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
AHERA Asbestos Worker Training Certificates	YES <input type="checkbox"/>	NO <input type="checkbox"/>

18. Application of Paint and Other Coatings NA

Does the scope of your work include sanding, scraping, grinding, washing or other prep activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How will the paint / coating be applied: Sprayed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rolled	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (describe)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for Painting and application of other coatings: - JHA detailing the work plan - Respiratory Protection Program (see page #2)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

19. Silica Dust NA

Will work involve jack-hammering, rotohammering, drilling, grinding or other disturbance of concrete or use of products that contain crystalline silica that might create silica dust?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will work involve wet slab or wall concrete cutting, drilling, and coring or cutting/sanding drywall or joint compound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES" to either of the above questions, describe below the method of dust control and control of worker and other persons who could be exposed, such as using wet methods and respiratory protection/training: Subcontractor will submit the following items: Site specific silica dust control plan, silica hazard communication and silica dust safe work plan Subcontractor's Respirator Protection Program (see page #3), medical surveillance Training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

20. Confined Space Entry (Low Hazard and Permit Required) NA

Will the scope of your work require you to be working in a confined space?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the scope of your work require you to be working in a permit required confined space? (physical or atmospheric hazards (i.e. flammable or toxic) may be present)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor will submit the following items for Confined Space Entry: - Subcontractor's Confined Space Program - Example Alternate Method, Reclassification, and Permit-required Confined Space Entry Permits - Training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

21. Heat Illness Prevention Program NA

Is heat related illness a potential hazard for this scope of work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has the subcontractor's heat related illness prevention program been updated to include the May 1, 2015 revisions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractors location for shade has been determined	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Subcontractor needs to supply drinking water for their employees.		
Training records for employees and supervisors.		
Ergonomics Program		
Does the subcontractor have an Ergonomics Program in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Summary Sheet

- ✓ Safety Checklist action required (AR's) items identified owners assigned, deadlines established.
- ✓ Review and approval of safe work plan (JHA, MOP, SOP, PTP)
- ✓ Tool inspection – guards' shields, interlocks, covers
- ✓ Cord inspection – 3 prongs, no electrical tape, no nicks/cuts, proper connection of cord caps, mechanical fasteners
- ✓ Confirmation of required training
- ✓ Chemicals brought on-site (SDS, proper labeling)
- ✓ Heat Illness prevention – water supply, training, shade
- ✓ Pre-use Inspections (ladders, power tools, scaffolding, forklifts, scissor lifts, boom lifts)
- ✓ Stop work card (Safety, Quality or Ethics)
- ✓ Tool box meetings
- ✓ Emergency Action Plan / Medical Services
- ✓ Reporting of Injuries / Incidents
- ✓ Lessons Learned
- ✓ Disciplinary program

Notes: