



**Appendix D
Job Site Safety Checklist**

Date: _____ Department: _____

University Representative: _____

Contractor Representative: _____

Contractor Company Name: _____

Project Description:

Site/Work Evaluation

Yes/No/NA

1. Is the site restricted to prevent unauthorized access?	
2. Has notification of the work been provided to adjacent faculty, staff, students or departments?	
3. Is (are) the contractor(s) using appropriate PPE (eye protection, gloves, shoes, etc.)?	
4. Are appropriate permits completed and available (Hot Work, Confined Space Entry, etc.)?	
5. If the contractor is performing service or maintenance on equipment is it de-energized and do all contractors have a personal lock on the energy point?	
6. Are emergency exits clear and accessible?	
7. Are contractor supplied fire extinguishers available for hot work activities?	
8. Is housekeeping appropriate and acceptable?	
9. If working indoors with hazardous materials, are chemical vapors, fumes, odors, etc., ventilated to the outside?	
10. Are all chemical containers labeled with the name of the chemical and its hazards?	
11. Are personnel working above 4 feet properly protected from falling?	
12. If aerial lifts are being used are personnel using fall protection harnesses and lanyards?	
13. Are all portable tools properly guarded?	
14. Are measures taken to protect workers during extreme weather conditions (hot, cold, wind, etc.)?	
15. Are all ladders used and stored properly and safely?	
16. Are extension cords not daisy chained together and are ground fault circuit interrupters (GFCI) being used?	

Action Items

List any question answered as NO, and the action taken to correct including notification to the University work originator.

Item Description	Responsible Person	Target Date