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| **General Safety and Health Inspection Form** | | | | |
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| **Date of Report** |  | |
| **Completed By** |  | |

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| **Project** |  | |
| **Contract Number** |  | |
| **General Contractor** |  | |
| **Project Superintendent** |  | |
| **Start Date** |  | |
| **Expected Completion Date** |  | |
| **No. of Project Workers** |  | |
|  |  | |
| **Operations/Activities in Progress** | |  |
| **Summarize Claims Activities To Date** | |  |
| **Summarize New Claims Since Last Report** | |  |

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| **Item #** | **Check List** | **Rating**  **(S), (NI), (U), (NA)**  **(ratings defined below)** | **Action Required** |
| **1** | **Project Specific Safety & Health Program in Place**   * **Compliance with Project Specific Safety & Health Program by all workers** |  |  |
| **2** | **Contractor Management Accountability Procedures/Measures in Place** |  |  |
| **2a** | **Monthly contractor safety performance summary policy in place**   * **Minimum content and format of summary established** |  |  |
| **3** | **Disciplinary Procedures/Measures in Place** |  |  |
| **4** | **Job Safety Task Analysis completed prior to commencing activities** |  |  |
| **4a** | **JSTA reviewed and documented w/crews prior to commencing activity** |  |  |
| **4b** | **Subcontractor submitted pre-job safety plan prior to commencing activity** |  |  |
| **5** | **Employee Orientation Provided To All Employees & Documentation Log In Place**   * **Minimum criteria established** |  |  |
| **6** | **Subcontractor Employee Orientation Provided & Documentation Log In Place** |  |  |
| **7** | **Weekly Tool Box Safety Meetings & Documentation Log** |  |  |
| **8** | **Weekly Management Safety Meetings & Documentation Log** |  |  |
| **9** | **Worker Safety Training Provided & Documentation Log In Place** |  |  |
| **10** | **Supervisor Safety Training Provided & Documentation Log In Place** |  |  |
| **11** | **Formal Contractor Safety Audits Performed - Safety Audits & Documentation Log** |  |  |
| **12** | **Fire Prevention Procedures/Measures in Place** |  |  |
| **12a** | **Hot work permit system in place w/documentation maintained on site** |  |  |
| **12b** | **All required emergency exits and related signing and lighting are maintained** |  |  |
| **12c** | **Emergency/Fire egress windows and / or doors located within construction areas accessible, clear of debris and maintained in proper working order in the event of emergency use**   * **Doors and / or windows located in construction areas that are no longer in service, are appropriately marked and all affected personnel have been notified of their locations** |  |  |
| **12d** | **During construction activities, if emergency routes are altered and / or doors and windows made inaccessible or otherwise inoperable, alternate evacuation routes are planned and have been approved.**   * **The revised emergency evacuation plans have been communicated to all effected personnel as necessary** |  |  |
| **13** | **Written 100% Fall Protection Program in place for all operations 6ft or above – compliant w/OSHA Subpart M 1926.500**   * **Compliance w/Program required for all site workers regardless of Trade (includes steel erection, cast-in-place concrete, masonry)** |  |  |
| **13a** | **Competent Persons designated as required by OSHA and on-site during active operations with fall exposures** |  |  |
| **13b** | **Personal fall arrest systems including single point anchorages, horizontal and vertical lifelines and other system components are designed and installed under the supervision of a “Qualified Person”** |  |  |
| **14** | **General Contractor, Competent Site Supervisor assigned and on-site at all times during construction, including when subcontractors are present**   * **Site Supervisor meets qualification requirements (Minimum 10-Hour OSHA training required; Minimum 30-Hour OSHA training required for all projects over $500,000)** |  |  |
| **14a** | **GC completed the OSHA competent form and form has been submitted to the Safety Officer** |  |  |
| **14b** | **Designated Site Specific Site Supervisor, Safety Representative and Competent Foreman assigned and on-site for each subcontractor**   * **Assignment criteria for above based on established requirements** * **Designated persons meet established qualification requirements for those assignments** |  |  |
| **14c** | **Competent Persons designated were required by OSHA and on-site during active operations**   * **Required for; excavation, scaffolding, fall protection** |  |  |
| **15** | **Excavation/Trench has been evaluated by Competent Person as required by OSHA** |  |  |
| **15a** | **Excavation/Trench 5ft or more in depth protected from cave-in by sloping and/or benching, shoring or shielding – compliant w/ 1926.652** |  |  |
| **15b** | **De-Watering Procedures/Measures in Place for Excavations/Trenches** |  |  |
| **15c** | **Excavations 20ft or more in depth have protective systems designed by a registered professional engineer** |  |  |
| **15d** | **Access/egress provided in excavations/trenches, 4 ft or more in depth, every 25 ft of lateral travel** |  |  |
| **15e** | **Underground utilities identified and marked out prior to excavations beginning – compliant w/local “call before you dig” or “mark-out“ requirements**   * **Utility mark-outs are documented in log and maintained on site** |  |  |
| **16** | **For Street/Road/Bridge Work, Temp. Traffic Control Plan written and in place – complaint with MUTCD Part VI and applicable local/state requirements** |  |  |
| **16a** | **Coordination of Emergency Services/Emergency Evacuations/Railroad or other transit authorities/ Local Fire Department or other Agency** |  |  |
| **16b** | **Supervisors trained in Traffic Control measures on-site to oversee work zone activities** |  |  |
| **16c** | **If Flagger operations are required, only properly trained workers are used – compliant with MUTCD part VI and applicable local/state requirements** |  |  |
| **16d** | **During work zone operations at night, proper illumination Measures/Procedures in Place and in accordance with written/approved Traffic Control Plan** |  |  |
| **16e** | **Daily inspections of work zone are completed and documented**   * **Discrepancies are corrected immediately** |  |  |
| **17** | **Electrical safety program in place that requires all site workers to utilize GFCIs in addition to any Assured Grounding programs** |  |  |
| **17b** | **All temporary electric installed on the project has been certified by a licensed electrician that all wiring, receptacles, etc have been grounded and installed per code.**   * **A letter stating was submitted to the Safety Officer** |  |  |
| **18** | **Drilling & Blasting Plan/Procedures in Place - compliance w/ 1926.900**   * **Pre-blast surveys of surrounding structures (up to ½ mile radius) performed** * **Seismic readings taken during each blast** * **PPV at or below approved levels** * **Vibration monitors in place on surrounding structures** * **No overnight storage of explosives** * **Approved blasting signage posted in surrounding area** |  |  |
| **19** | **Industrial Hygiene Procedures/Measures Addressing Silica and Other Environmental Contaminants in Place** |  |  |
| **20** | **Haulage Equipment equipped with appropriate safety devices (audible alarms, lights, safety chains, seat belts) - compliance w/ 1926.602** |  |  |
| **21** | **Written Confined Space Program in place and implemented** |  |  |
| **21a** | **Workers tasked with performing confined space entry are properly trained according to their assigned roles and tasks**   * **Training is documented and maintained on site** |  |  |
| **22** | **Crane Management Program in place and implemented – all site crane operations compliant w/established program** |  |  |
| **22a** | **Crane Operators are licensed and/or certified**   * **Operator qualifications/license/certification verified and documentation maintained on site** |  |  |
| **22b** | **All cranes have recent annual inspection**   * **Inspection verified before crane put into service** * **Inspection documentation maintained on site** |  |  |
| **22c** | **Only qualified riggers authorized to perform rigging operations**   * **Rigger’s qualifications have been verified** * **Rigger’s qualification documentation maintained on site** |  |  |
| **22d** | **Operators perform daily pre-shift inspections of cranes** |  |  |
| **22e** | **Crane inspection program in place w/documentation maintained on site** |  |  |
| **22f** | **Prior to any hoisting operation, verification in place confirming the weight of loads, crane configuration, crane size, ground conditions, and overhead utilities to ensure hoisting operations can be performed per the crane manufacturers load chart and safety requirements.** |  |  |
| **23** | **Substance Abuse Policy written and implemented - applicable to all site workers** |  |  |
| **23a** | **Substance abuse testing policy requires Pre-employment, Random, Post-Accident and For Cause testing** |  |  |
| **24** | **Personal Protective Equipment policy in place requiring minimum of: 100% eye protection, hard hats, long pants work boots and short sleeve shirts** |  |  |
| **25** | **Written accident investigation procedures in place for all injuries, incidents and near misses**   * **Includes determination of root cause** |  |  |
| **25a** | **Investigation reports completed in full and maintained on site**   * **Established report format in place to consistently capture all required information** |  |  |
| **25b** | **Investigations “Lessons Learned” communicated to site employees** |  |  |
| **26** | **On site or local medical treatment facilities identified to treat worker injuries**   * **Facility medical providers are aware of and assist with RTW program efforts** |  |  |
| **27** | **Written Return To Work (RTW) program in place and implemented**   * **All workers are subject to RTW program** |  |  |
| **28** | **QA/QC program and procedures in place** |  |  |
| **29** | **Independent 3rd party inspection/engineering firms performing and documenting controlled inspections to verify work is in compliance with approved plans and specifications** |  |  |
| **30** | **Construction Work Zone is properly segregated from the general public** |  |  |
| **30a** | **Where general public is exposed to the Work Zone, appropriate measures to safeguard the public are in place – compliant w/City, State and Local requirements** |  |  |
| **31** | **Housekeeping for the project both inside of construction areas and outside are routinely inspected and maintained as necessary.**   * **At a minimum, areas should include active passageways, emergency exits, stairwells, exterior steps and landings, parking lots and sidewalks** |  |  |
| **32** | **Scaffolding Safety Program in place that meets established guidelines** |  |  |
| **32a** | **All supported pipe frame scaffolding 40’ high and over are designed** |  |  |
| **32b** | **All users of scaffolds have the required training certification issued by an approved agency.** |  |  |
| **32c** | **Fire retardant, fine-mesh debris netting is in place on all scaffolds** |  |  |
| **32d** | **Competent Persons designated as required by OSHA and on-site during active operations involving at a minimum; erection, use, maintenance and removal of scaffolds** |  |  |

***Checklist Rating Definitions:***

***Satisfactory (S)*** *rating; majority of the safety program/procedures/policy are implemented and are in compliance with project safety requirements*

***Needs Improvement (NI)*** *rating; certain elements of the safety program/procedures/policy are not satisfactorily implemented nor are in compliance with project safety requirements*

***Unsatisfactory (U)*** *rating; critical and/or numerous elements of the safety program/procedures/policy are not satisfactorily implemented nor are in compliance with project safety requirements exposing workers/public to hazardous conditions that may affect their safety and health*

***Not Applicable (NA)*** *rating; program/procedures/policy does not apply at this time, for this particular category*

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| **Overall Jobsite Analysis** |  | | |
| **Progress Photos** |  |  |  |

***See below for any recommended corrective actions***

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| **Recommended Corrective Actions**  **(Reference applicable check list # in comments)** | **Recommendation Number** | **Repeat Recommendation** | **Completed**  **Yes / No** | **Date Completed** |
| **Responsible Contractor** |  | Yes  No | Yes  No |  |
| **Recommendation** | | | | |
| **Photos** | | | | |
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| **Responsible Contractor** |  | Yes  No | Yes  No |  |
| **Recommendation** | | | | |
| **Photos** | | | | |
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| **Responsible Contractor** |  | Yes  No | Yes  No |  |
| **Recommendation** | | | | |
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| **Responsible Contractor** |  | Yes  No | Yes  No |  |
| **Recommendation** | | | | |
| **Photos** | | | | |
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| **Responsible Contractor** |  | Yes  No | Yes  No |  |
| **Recommendation** | | | | |
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| **Responsible Contractor** |  | Yes  No | Yes  No |  |
| **Recommendation** | | | | |
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| **Report Contact Distribution List** |

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