



ASSESSMENT WORKSHEET FOR CONTRACTOR SAFE SITE AWARDS

ROICC OFFICE: _____

DATE: _____

CONTRACTOR: _____

CONTRACT TITLE: _____

CONTRACT % COMPLETE: _____

CONTRACTOR SUPERINTENDENT: _____

CATEGORY: _____

Date
Corrected:

PREPARATORY PHASE (Planning)	(Yes) (No) (N/A)	1) Activity Hazard Analysis performed and used on the site for each major phase of the work?	
Comments/Notes:	(Yes) (No) (N/A)	2) Are weekly safety meetings and indoctrination held on site and documented for all workers?	
	(Yes) (No) (N/A)	3) Is the submitted safety plan on site and in use?	
	(Yes) (No) (N/A)	4) Is the Activity Hazard Analysis reviewed during the preparatory inspection?	
	(Yes) (No) (N/A)	5) Hazardous materials program in place with MSDS sheets available and maintained for easy reference?	
	(Yes) (No) (N/A)	6) EM 385-1-1 available on the site?	
	(Yes) (No) (N/A)	7) Other? Extra Credit?	

OFFICE TRAILER GENERAL	(Yes) (No) (N/A)	8) Are office and storage trailers anchored?	
Comments/Notes:	(Yes) (No) (N/A)	9) Are emergency phone numbers posted?	
	(Yes) (No) (N/A)	10) Is a phone available?	
	(Yes) (No) (N/A)	11) First aid log maintained (contractors must use OSHA Form 200)?	
	(Yes) (No) (N/A)	12) Toilet facilities available?	
	(Yes) (No) (N/A)	13) Site posted "HARD HAT AREA," "NOISE HAZARD," "CONSTRUCTION AREA," etc., as required?	
	(Yes) (No) (N/A)	14) Garbage cans and dumpsters available?	
	(Yes) (No) (N/A)	15) Jobsite cleaned daily?	
	(Yes) (No) (N/A)	16) Is traffic control around site adequate?	
	(Yes) (No) (N/A)	17) Other? Extra Credit?	

FIRE PREVENTION	(Yes) (No) (N/A)	18) Are fire extinguishers available, fully charged, and easily visible within 75 feet for low hazard areas?	
Comments/Notes:	(Yes) (No) (N/A)	19) Is fuel stored in proper containers?	
	(Yes) (No) (N/A)	20) Are hot work permits being obtained?	
	(Yes) (No) (N/A)	21) Are fire watches provided?	
	(Yes) (No) (N/A)	22) Are gas cylinders stored upright and secured with chain or rope?	
	(Yes) (No) (N/A)	23) Other? Extra Credit?	
	(Yes) (No) (N/A)	24) Other? Extra Credit?	

SCAFFOLD SAFETY	(Yes) (No) (N/A)	25) Are daily scaffold inspections performed by designated competent person?	
Comments/Notes:	(Yes) (No) (N/A)	26) Planks overlapped not less than 6" or more than 12" over end supports with toe boards in place?	
	(Yes) (No) (N/A)	27) Tubing pinned properly and all cross bracing in place?	
	(Yes) (No) (N/A)	28) If scaffold height is 4X smallest base dimension, is system secured to structure?	
	(Yes) (No) (N/A)	29) All guardrails are in place?	
	(Yes) (No) (N/A)	30) Full work platform at each working level with no cracks/splits?	
	(Yes) (No) (N/A)	31) Safe access provided to each working level?	
	(Yes) (No) (N/A)	32) Scaffold and components not overloaded?	
	(Yes) (No) (N/A)	33) Is scaffold system plumb and level?	
	(Yes) (No) (N/A)	34) Suspended scaffold systems using independent personal fall arrest system?	
	(Yes) (No) (N/A)	35) Other? Extra Credit?	

FALL PROTECTION	(Yes) (No) (N/A)	36) Is a full body harness used where applicable?	
Comments/Notes:	(Yes) (No) (N/A)	37) Tied off at all times to structural element capable of supporting 5,000 lbs/person 100%?	
	(Yes) (No) (N/A)	38) Is protection provided for all working in an areas where they could fall 6' or more?	
	(Yes) (No) (N/A)	39) Are employees trained for fall protection systems in use?	
	(Yes) (No) (N/A)	40) Has the contractor designated a competent person for fall protection?	
	(Yes) (No) (N/A)	41) Have standard guardrails been provided where needed?	
	(Yes) (No) (N/A)	42) Have horizontal life lines been designed and installed under supervision of a qualified person?	
	(Yes) (No) (N/A)	43) Other? Extra Credit?	

CATEGORY: _____

Date
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LADDER SAFETY	(Yes) (No) (N/A)	44) Do ladders extend 3' above landing platform and tied to structure?	
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Comments/Notes:	(Yes) (No) (N/A) 45) Are ladders used with hand tools only?	
	(Yes) (No) (N/A) 46) Are ladder base distances from structure 1/4 height?	
	(Yes) (No) (N/A) 47) Are floor openings either covered or surrounded by a guardrail?	
	(Yes) (No) (N/A) 48) Electricians not using portable or conductive ladders?	
	(Yes) (No) (N/A) 49) Stairways provided on all structures over 20' during construction and supplied with guardrail?	
	(Yes) (No) (N/A) 50) Portable step ladders over 20' not used on the site?	
	(Yes) (No) (N/A) 51) Are ladders properly used?	
	(Yes) (No) (N/A) 52) Other? Extra Credit?	

EXCAVATIONS

Comments/Notes:	(Yes) (No) (N/A) 53) Over 4' deep must have a ladder within 25' and two means of egress?	
	(Yes) (No) (N/A) 54) Has proper slope or trench box/shoring been provided?	
	(Yes) (No) (N/A) 55) Is water controlled/removed?	
	(Yes) (No) (N/A) 56) Is excavated material at least 2' back from trench edge?	
	(Yes) (No) (N/A) 57) Barricaded, etc., to prevent workers and public from falling into trench/hole?	
	(Yes) (No) (N/A) 58) In locations of known or suspected contamination, is excavation atmosphere monitored?	
	(Yes) (No) (N/A) 59) Other? Extra Credit?	
	(Yes) (No) (N/A) 60) Other? Extra Credit?	

ELECTRICAL

Comments/Notes:	(Yes) (No) (N/A) 61) Are temporary power panel and receptacles protected from weather?	
	(Yes) (No) (N/A) 62) GFI's in use for site tools - applies to existing outlets in renovation projects as well?	
	(Yes) (No) (N/A) 63) Temporary lights rigged and secured to supports properly with covers?	
	(Yes) (No) (N/A) 64) If overhead power lines in area, are operations maintaining 10' distance or isolation?	
	(Yes) (No) (N/A) 65) Is lockout/tagout program in effect?	
	(Yes) (No) (N/A) 66) Sketch of proposed temporary power distribution been submitted/accepted before installing?	
	(Yes) (No) (N/A) 67) Other? Extra Credit?	
	(Yes) (No) (N/A) 68) Other? Extra Credit?	

CRANES

Comments/Notes:	(Yes) (No) (N/A) 69) Has periodic inspection been performed prior to use on site IAW EM 385-1-1, App. H?	
	(Yes) (No) (N/A) 70) Are App. H daily start up inspections performed by operator and submitted with DRI?	
	(Yes) (No) (N/A) 71) Is crane operator qualified IAW EM 385-1-1, App. G, and is crane certification posted in cab?	
	(Yes) (No) (N/A) 72) Are workers protected from the crane swing radius and prevented from passing under the load?	
	(Yes) (No) (N/A) 73) Are rigging cables and slings in good repair free of kinks and cracks?	
	(Yes) (No) (N/A) 74) Is the crane level and on firm ground and outriggers in use with appropriate cribbing?	
	(Yes) (No) (N/A) 75) Is crane side loading prohibited?	
	(Yes) (No) (N/A) 76) Near electric power sources, are rules followed for clearance/isolation in operating zone?	
	(Yes) (No) (N/A) 77) Is crane equipped with anti two-block device if required?	
	(Yes) (No) (N/A) 78) Other? Extra Credit?	

CONFINED SPACES

Comments/Notes:	(Yes) (No) (N/A) 79) Has entry plan been submitted and accepted?	
	(Yes) (No) (N/A) 80) Is atmosphere being monitored?	
	(Yes) (No) (N/A) 81) Is space being ventilated?	
	(Yes) (No) (N/A) 82) Are entrants, attendants and entry supervisor properly trained?	
	(Yes) (No) (N/A) 83) Is rescue/retrieval system in place?	
	(Yes) (No) (N/A) 84) Are daily entry permits posted at point of entry and signed by entry supervisor?	
	(Yes) (No) (N/A) 85) Is point of entry posted "DANGER CONFINED SPACE"?	
	(Yes) (No) (N/A) 86) Has blanking or locking out of systems taken place?	
	(Yes) (No) (N/A) 87) Other? Extra Credit?	

ROOFING

Comments/Notes:	(Yes) (No) (N/A) 88) Are kettles at least 25 feet away from buildings?	
	(Yes) (No) (N/A) 89) Has an employee fall protection system been implemented and in proper use?	
	(Yes) (No) (N/A) 90) Are skylights and roof penetrations covered or barricaded appropriately?	
	(Yes) (No) (N/A) 91) Has the roof been evaluated for its ability to support the intended construction loads?	
	(Yes) (No) (N/A) 92) Has the roof been surveyed for deterioration?	
	(Yes) (No) (N/A) 93) Are two fire extinguishers at the kettle?	
	(Yes) (No) (N/A) 94) Fuel cylinder a minimum of 10' from open flame?	
	(Yes) (No) (N/A) 95) Other? Extra Credit?	
	(Yes) (No) (N/A) 96) Other? Extra Credit?	

CATEGORY:

Date
Corrected:

EQUIPMENT

Comments/Notes:	(Yes) (No) (N/A) 97) Are forklift operators qualified through training at the site (certificate included in Safety Plan)?	
	(Yes) (No) (N/A) 98) Mobile equipment equipped with rollover cages and backup alarms with moving parts adequately guarded?	
	(Yes) (No) (N/A) 99) Are equipment operations maintaining safe clearance from electrical power lines?	
	(Yes) (No) (N/A) 100) Modifications meet safety rating in accordance with manufacturer (i.e., lifting personnel with forklift)?	
	(Yes) (No) (N/A) 101) Are safety lashings provided for high pressure hose connections, i.e., air compressors?	
	(Yes) (No) (N/A) 102) Are workers clear of blind spots associated with mobile construction equipment?	
	(Yes) (No) (N/A) 103) Do aerial lifts have basket/platform with guardrail?	
	(Yes) (No) (N/A) 104) Workers not extending over guardrail of aerial lifts?	
	(Yes) (No) (N/A) 105) Are articulating boom platforms (JLG type) used with Full Body Harness attached to boom or basket?	
	(Yes) (No) (N/A) 106) Other? Extra Credit?	
	(Yes) (No) (N/A) 107) Other? Extra Credit?	

DEMOLITION

Comments/Notes:

(Yes) (No) (N/A) 108	Has demolition plan been submitted and accepted?
(Yes) (No) (N/A) 109	Waste not being dropped > 6' unless in an enclosed chute and area secured from traffic?
(Yes) (No) (N/A) 110	Has an engineering survey been prepared for structural elements?
(Yes) (No) (N/A) 111	Are removal operations from the top down?
(Yes) (No) (N/A) 112	Are all floor and wall openings covered or guarded to prevent falls?
(Yes) (No) (N/A) 113	For building demolition, has notification been made to State having jurisdiction?
(Yes) (No) (N/A) 114	Are nails removed from scrap lumber/materials?
(Yes) (No) (N/A) 115	Other? Extra Credit?
(Yes) (No) (N/A) 116	Other? Extra Credit?

PPE

Comments/Notes:

(Yes) (No) (N/A) 117	Workers wearing leather shoes (no tennis shoes), long pants and sleeve shirt?
(Yes) (No) (N/A) 118	Hard hats being worn?
(Yes) (No) (N/A) 119	Safety glasses where appropriate?
(Yes) (No) (N/A) 120	Hearing protection where appropriate? (if you need to yell to converse)
(Yes) (No) (N/A) 121	Respirators where appropriate?
(Yes) (No) (N/A) 122	Impalement protection provided where personnel could work above vertical impalement?
(Yes) (No) (N/A) 123	Is lighting adequate?
(Yes) (No) (N/A) 124	Other? Extra Credit?

ABATEMENT

Comments/Notes:

(Yes) (No) (N/A) 125	Has abatement plan been submitted and accepted?
(Yes) (No) (N/A) 126	Is independent air monitoring being performed as required inside and outside barriers?
(Yes) (No) (N/A) 127	Is containment in place without integrity compromise?
(Yes) (No) (N/A) 128	Are employees utilizing appropriate PPE?
(Yes) (No) (N/A) 129	If negative air is used, are fans used continuously and monitored for pressure differential?
(Yes) (No) (N/A) 130	Has baseline been performed and necessary final clearance readings taken?
(Yes) (No) (N/A) 131	Are inspections by independent PQP performed prior to barrier removal?
(Yes) (No) (N/A) 132	Is waste material properly containerized and stored?
(Yes) (No) (N/A) 133	Are air monitoring results provided to ROICC?
(Yes) (No) (N/A) 134	Are waste shipment records provided to ROICC?
(Yes) (No) (N/A) 135	Other? Extra Credit?

WATERFRONT**ACTIVITIES**

Comments/Notes:

(Yes) (No) (N/A) 136	Are employees wearing appropriate flotation devices (PFDs)?
(Yes) (No) (N/A) 137	Is a space rescue skiff available?
(Yes) (No) (N/A) 138	Are emergency life rings available?
(Yes) (No) (N/A) 139	If diving operations are taking place, has a dive plan been submitted and accepted?
(Yes) (No) (N/A) 140	Does dive team consist of proper number and qualifications for employees?
(Yes) (No) (N/A) 141	Other? Extra Credit?

SCORING: Total applicable for each category = X (where X includes responses for category of "Yes" and "No" but does not include N/A)

Total with "Yes" responses for category = Y

SCORE FOR EACH CATEGORY:**SCORE RATE EQUATION = Y / X**

1 PREPARATORY PHASE: _____ **6 LADDER SAFETY:** _____ **11 ROOFING:** _____
2 OFFICE TRAILER GENERAL: _____ **7 EXCAVATIONS:** _____ **12 EQUIPMENT:** _____
3 FIRE PREVENTION: _____ **8 ELECTRICAL:** _____ **13 DEMOLITION:** _____
4 SCAFFOLD SAFETY: _____ **9 CRANES:** _____ **14 PPE:** _____
5 FALL PROTECTION: _____ **10 CONFINED SPACES:** _____ **15 ABATEMENT:** _____
OVERALL RATING = LOWEST RATING FOR ANY CATEGORY: _____ **WATERFRONT ACTIVITIES:** _____
OVERALL COMPOSITE SCORE = (All "Yes" answers / All applicable answers = both yes and no answers) : _____