



Construction Safety Inspection



Checklist

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Construction Industry Safety Checklist

(A negative answer to any question indicates an area of safety or health concern.)

Company name: _____

Physical address of worksite: _____

Supervisor: _____

Date/Time: _____

Inspector: _____

Note: This checklist should be used only as a general guideline. You are encouraged to customize this checklist to accommodate your specific operations.

Construction – 29 CFR 1926

Jobsite General

- | Yes | No | N/A | Date Corrected | |
|--------------------------|--------------------------|--------------------------|----------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are posters and safety signs or warnings in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are safety meetings held periodically? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is a first-aid kit available and adequately stocked? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Has job-related safety training been completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Has an accident reporting procedure been established? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Is a substance abuse policy in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are injury records being kept? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are emergency telephone numbers posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Are traffic routes identified? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are there procedures to handle hazardous waste? |

Housekeeping and Sanitation

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are work area(s) generally neat and clean? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is waste and trash regularly disposed of? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are passageways and walkways clear? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is the work area well lighted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are waste containers provided and used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are sanitary facilities adequate and clean? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is there an adequate potable water supply? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are there adequate drinking cups? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Have nails, boards, and debris been removed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are eye-flushing facilities available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Are emergency showers available? |

Hazard Communication

Yes No N/A Date Corrected

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is there a written program? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are employees trained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are safety data sheets on file and readily available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are control and disposal measure(s) established? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are material(s) properly stored and labeled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Is a log of all chemicals on site available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are labels legible? |

Fire Prevention

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are an adequate number and types of fire extinguisher(s) available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is fire prevention/extinguisher training performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are inspections of fire extinguishers performed periodically? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is the telephone number of the fire department posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are fire extinguisher(s) provided on appropriate equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are flammable liquids stored in approved containers and correctly labeled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are flammable liquids properly stored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Is a fire alarm available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Is a fire evacuation plan established? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are fuel supplies protected from accidental impact? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Is fire training given to appropriate personnel? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 12. Is equipment shut down prior to refueling? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 13. Is equipment properly grounded to fuel trucks before refueling? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 14. Are no-smoking signs posted and enforced? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 15. Are hydrants clear and access to public thoroughfare open? |

Flammable Liquids/Materials

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are empty containers removed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are only approved containers being used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are containers stored in approved and appropriate area(s)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is outside storage bermed for containment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are storage tanks properly grounded and bonded, and is pressure relief provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are cylinders stored or secured in an upright position? |

Electrical

Yes No N/A Date Corrected

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Do electrical devices have a current inspection and coding? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is electrical equipment properly maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is equipment properly grounded? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is an assured equipment grounding program established? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are ground fault circuit interrupters used and tested where required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are fuses provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are electrical dangers posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are proper fire extinguisher(s) provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Are terminal boxes equipped with required covers, and is the cover used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are circuits labeled in terminal boxes? |

Personal Protective Equipment (PPE)

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Have hazard evaluations been performed and certified? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is protective equipment adequate for exposure? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are employees issued PPE where needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is PPE being used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are employees trained in the use of PPE? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are inspections being conducted before and after use of PPE? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is adequate maintenance and sanitary storage available and used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Is adequate fall protection provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Is eye protection available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Is face protection (glasses, goggles, shields) available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Is hearing protection available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 12. Are respirators and masks provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 13. Are respirators used to protect against harmful dust, asbestos, sand blasting, and welding (lead, paint, and galvanized zinc or cadmium)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 14. Is head protection available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 15. Is hand and foot protection available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 16. Are physical exams performed as required? |

Hand Tools

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are proper tool(s) used for the job? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are handles free of cracks and properly attached to tools? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are inspections and proper maintenance performed prior to use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are tools neatly stored and safely carried? |

Power Tools

- | Yes | No | N/A | Date Corrected | |
|--------------------------|--------------------------|--------------------------|----------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is proper housekeeping conducted where tools are used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are inspections and proper maintenance of tools performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are tools grounded properly or double-insulated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are tool guards in place and used correctly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are damaged or malfunctioning tools tagged out until repaired or replaced? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are tools in compliance with local laws and ordinances? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are all operators qualified? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are tools protected from unauthorized use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Is competent instruction and supervision provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are cords included in electrical inspection? |

Ladders

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are ladders inspected and in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are ladders used properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are ladders secured to prevent slipping, sliding, or falling? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Do siderails extend 36 inches above top of landing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are any ladders spliced? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are rungs or cleats not over 12 inches at center? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are ladders properly maintained and stored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are any ladders painted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Is fall protection provided for fixed ladders in excess of 20 feet long? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are aluminum ladders of sufficient strength for the task? |

Scaffolds

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is erecting the scaffold properly supervised? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are all structural members free from defects, and do they meet safety factors? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are all scaffold connections secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are scaffolds erected on solid footing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Is scaffold tied to structure? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are working areas free of dirt, debris, snow, ice, and grease? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are employees protected from falling objects? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Is scaffold plumb and square, with cross-bracing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Are guard rails, intermediate rails, and toeboards in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are ropes and cables in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Is fall protection available and in use? |

Excavation and Shoring

Yes No N/A Date Corrected

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are holes, trenches, and cuts more than 5 feet deep shored and sloped, or are trench boxes used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are operations supervised by a competent person? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are soil banks at least 2 feet from edges of cut? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are ladders placed to ensure no more than 25 feet of lateral travel by worker? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are ladders properly secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are adjacent structures properly shored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is shoring and sheathing correct for soil and depth? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are roads and sidewalks supported and protected? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Is excavation barricaded and lighting provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Are equipment ramps adequate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Have underground utility installations been identified? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 12. Are registered professional engineer designs or approvals performed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 13. Are confined-space entry permit required plans established? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 14. Are daily inspections completed by a competent person? |

Tunneling

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is the atmosphere tested? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is there adequate ventilation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is the electrical system approved for hazardous locations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is there adequate fire prevention? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Is there a rescue plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Is there a confined-space entry permit program? |

Hoists, Cranes, and Derricks

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are annual inspections completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Have operators been properly tested, and are their physical exams current? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are daily inspections completed by operators? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are outriggers used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are power lines deactivated or removed, or are warning signs posted with at least 10 feet of clearance from overhead power lines (for voltages 50,000 volts or below)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are hoists designed by a competent professional engineer? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is proper loading for capacity at lifting radius? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Is equipment operated in accordance with the manufacturer's instructions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Does a competent person inspect the crane? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Is equipment properly lubricated and maintained? |

Hoists, Cranes, and Derricks (cont.)

Yes No N/A Date Corrected

- _____ 11. Is load testing accomplished?
- _____ 12. Are signal workers placed where needed?
- _____ 13. Are alarms working and audible?

Heavy Equipment

- _____ 1. Is regular inspection and maintenance performed?
- _____ 2. Are seat belts provided and used in equipment with rollover protection structure?
- _____ 3. Are backup alarms working and audible?
- _____ 4. Is a slow-moving-vehicle emblem attached to rear of equipment operating at less than 25 mph?
- _____ 5. Are employees riding equipment with proper seating?
- _____ 6. Are lights, brakes, and warning signals operative?
- _____ 7. Are wheels chocked when necessary?
- _____ 8. Are haul roads well maintained and laid out properly?
- _____ 9. Is equipment properly secured when not in use?
- _____ 10. Are noise arresters used?
- _____ 11. Are spark arresters used as necessary?

Motor Vehicles

- _____ 1. Are motor vehicles regularly inspected and maintained?
- _____ 2. Are motor vehicle operators qualified?
- _____ 3. Are local and state laws observed?
- _____ 4. Are vehicles' brakes, lights, and warning devices operative?
- _____ 5. Are weight limits and load stress controlled?
- _____ 6. Are personnel carried in the correct manner?
- _____ 7. Is all vehicle glass in good condition?
- _____ 8. Are backup signals provided?
- _____ 9. Are fire extinguisher(s) installed?
- _____ 10. Are seat belts worn?
- _____ 11. Are tie-down straps or chains regularly inspected?
- _____ 12. Are all vehicles checked at the beginning and end of each shift?

Garages and Repair Shops

- _____ 1. Are fire hazards controlled?
- _____ 2. Are oily rag containers used and emptied daily?
- _____ 3. Is good housekeeping performed?
- _____ 4. Is adequate lighting provided?
- _____ 5. Is adequate ventilation provided?

Garages and Repair Shops (cont.)

- | Yes | No | N/A | Date Corrected | |
|--------------------------|--------------------------|--------------------------|----------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are fuels and lubricants in proper containers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are fire extinguisher(s) provided, and with the proper type and rating? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are ample absorbent materials available and in use? |

Barricades

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are floor openings planked over or barricaded? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are roadways and sidewalks protected? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is adequate lighting provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are barricades or covers installed over shafts, wall openings, stairways, stairwells, trenches, and outriggers? |

Handling and Storage of Materials

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are materials properly stored or stacked? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are shelves, racks, and overhead storage load-rated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are passageways clear? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are there sufficient employees to do the job? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are employees lifting materials correctly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are materials protected from weather? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are employees protected from falling into hoppers and bins? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Is dust protection used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Is the correct type of fire extinguisher(s) and other fire protection available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Is traffic controlled through the storage area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Is rigging inspected prior to use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 12. Is a competent person responsible for materials storage and handling? |

Demolition

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is an engineering survey provided in writing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are chutes provided for disposing of material above 20 feet high? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Does documentation show operations planned ahead? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is shoring of adjacent structures complete? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are utilities shut off? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are hazardous materials or chemicals removed from any pipes, tanks, or equipment? |

Blasting

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are contractor qualifications and credentials checked? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is explosive inventory complete and accounted for at all times? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are stray electrical currents checked? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are blasting mats used when required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are all signs, warning signals, and protective equipment in place? |

Blasting (cont.)

- | Yes | No | N/A | Date Corrected | |
|--------------------------|--------------------------|--------------------------|----------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are non-essential personnel removed from area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are radio transmissions limited? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are procedures for handling misfire in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Are explosives properly stored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Is black powder prohibited? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Are experienced and trained personnel handling explosives? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 12. Are detonators tested before each shot? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 13. Is an area inspection completed after each shot? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 14. Is proper disposal of wrappings, waste, and scrap completed after each shot? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 15. Are operations suspended during electrical storms or when lightning is within 10 miles? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 16. Are explosives and related materials properly stored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 17. Are all blasting operations conducted between sunup and sundown? |

Welding and Cutting

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are all welding and cutting operators qualified? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are screens and shields in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is oxygen and acetylene stored properly? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are bottles not in use secured with caps in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Is proper eye protection and PPE used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are fire extinguisher(s) located near operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is a "hot work" permit completed and posted in areas requiring a permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are valves shut off and regulators backed off each night? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Are flashback arresters placed on hoses (O2 and fuel gas)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Is electrical equipment grounded? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 11. Is the area inspected for fire hazards? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 12. Are gas lines and power cables protected and in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 13. Is proper ventilation ensured? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 14. Is there a welding permit program? |

Steel Erection

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are safety nets or planked floors used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are hard hats, safety shoes, gloves, and other PPE used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are taglines for controlling loads in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are fire hazards covered and barricaded? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are floor openings covered and barricaded? |

Steel Erection (cont.)

- | Yes | No | N/A | Date Corrected | |
|--------------------------|--------------------------|--------------------------|----------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Has the hoisting apparatus been checked? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is there adequate fall protection? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Is Christmas treeing used correctly? |

Concrete Construction

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are forms properly installed and braced? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is adequate shoring plumbed and cross-braced? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are proper curing period and procedures used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is adequate PPE available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are caps on rebar? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Is automatic shut-off installed and available on power-operated trowels? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are nails and stripped form material removed from area? |

Masonry

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is proper scaffolding provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are masonry saws properly equipped, and is dust protection provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is safe hoisting equipment used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are limited-access zones established as required? |

Highway Construction

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are competent flag workers properly dressed, trained, and posted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are adequate warning signs and markers used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is equipment not blocking the right of way? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is traffic control used through construction site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are detours adequately marked and maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Is dust control used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is adequate lighting provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are barricades erected with correct directional stripes? |

Asbestos

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is a stop-work procedure established for unexpected presence of asbestos? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Has owner been notified if asbestos is present? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Has the area been secured? |

Work Permits

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are safe work permit procedures followed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are hot work permit procedures followed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are excavation permit procedures followed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are procedures for control of hazardous energy (lockout/tagout) being used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are confined space entry permit procedures followed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are emergency rescue plans established and available? |

Construction Area – Secured Access or After-Hours

Yes	No	N/A	Date Corrected	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	1. Are warning signs in place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	2. Are open ditches protected?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	3. Are drop-offs protected?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	4. Are ladders lowered?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	5. Are hazard lights used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	6. Is equipment secured?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	7. Are utility ditches flagged or barricaded?

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