

PRE-CONSTRUCTION JOBSITE SAFETY PLANNING

Job Site: _____
Supervisor: _____
Crew Leader: _____

Job # _____
Date: _____
Completed By: _____

	Plan			COMMENTS
	Needed	N/A	Available	
1 Administrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Hazard Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Worksite Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Lockout / Tagout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Power Industrial Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Ladders / Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Trenches/Ditches/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 Electrical Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Fire Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Welding / Cutting (hot work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 Public protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 Respiratory Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Truss Erection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Accident Reporting/Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 Medical & First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 Emergency & Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23 Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMMENTS & SITE CONDITIONS

This pre-construction jobsite safety assessment has been review, explained and accepted by:

Safety Manager _____
Supervisor: _____
Crew Leader: _____

Date: _____
Date: _____
Date: _____



JOBSITE SAFETY AUDIT

Job Site: _____
Foreman: _____
Supervisor: _____

Job # _____
Date: _____
Time: _____

- C V Personal Protective Equipment**
- Hard Hats
 - Eye / face protection
 - Hearing protection
 - Footwear
 - Respiratory protection
 - Fall harnesses

- C V Scaffolds**
- Guardrails / fall protection
 - Work deck
 - Support of scaffolds
 - Proper erection
 - Use of scaffolds

- C V Fire Prevention**
- Fire Extinguishers
 - Storage of flammable liquids
 - Smoking control
 - Gasoline containers

- House Keeping**
- Stairs and exits clear
 - Rubbish removal
 - Materials stacked properly
 - Nails removed or bent
 - Toilets available / clean
 - Dumpsters available

- Public protection**
- Construction fences
 - Board-up protection
 - Traffic controls
 - Cranes
 - Crane Flagged
 - CAZ taped

- Administrative**
- First Aid Kits / Stocked
 - Emergency Plan posted
 - HazCom / MSDS program
 - Accident investigation plan
 - 1st Report of Injury

- Fall Protection**
- Roof perimeters established & flagged
 - Floor openings & holes covered
 - Rebar protection
 - Roofs / fall protection system
 - Steel erection fall system

- Power Industrial Lift**
- Qualified operator
 - Proper usage
 - Operating properly

- Electrical Protection**
- Ground fault protection
 - Temporary lighting
 - Cords, plugs, receptacles
 - Overhead wires

- Ladders / Stairs**
- Ladders 3' above landing
 - Ladders properly secured
 - Proper step ladders usage
 - Condition of ladders
 - Handrails on stair

- Behaviors**
- Water available
 - Proper clothing
 - Safety conscious

- Tools**
- Condition
 - Guarded as required
 - Air hoses
 - Use of tools
 -

Sub Contractor Safety Audit: _____ **Name:** _____

Other Observations / Comments: _____

Actions Taken: _____

Employee Name(s) _____

Completed by: _____

Date: _____

Crew Leader: _____

Date: _____



Brickl Brothers Accident Investigation

INCIDENT DATE

EMPLOYEE INVOLVED IN INCIDENT

EMPLOYEE'S FOREMAN

Project Supervisor

INVESTIGATION DATE

PERSON PERFORMING INVESTIGATION

INDIVIDUALS INVOLVED

PROJECT SITE

INVESTIGATION INCLUDED SITE VISIT: YES NO

INJURY OR DAMAGE

- NO INJURY
- MINOR INJURY, NO MEDICAL
- FIRST-AID ONLY
- MEDICAL TREATMENT
- INJURY UNKNOWN AT THIS TIME

- DAMAGE TO EQUIPMENT
- DAMAGE TO VEHICLE(S)
- DAMAGE TO OTHER PROPERTY
- DAMAGE UNKNOWN AT THIS TIME

EVENT DESCRIPTION

- OVEREXERTION FROM
- CHEMICAL EXPOSURE FROM
- NOISE EXPOSURE FROM
- HEAT EXPOSURE FROM
- COLD EXPOSURE FROM
- CONTACT WITH PLANT/ANIMAL/INSECT
- CONTACT WITH ELECTRICITY
- CONTACT WITH HEATED MATERIAL
- FOREIGN BODY IN EYE
- CAUGHT-IN/ON/BETWEEN
- SLIP/TRIP/FALL (SAME LEVEL) ON
- FALL FROM
- STRUCK BY
- STRIKE AGAINST
- DROVE/BACKED INTO
- DROVE/BACKED OFF-OF
- TIPPED/ROLLED EQUIPMENT
- OTHER: _____

SPECIFIC DESCRIPTION FROM ABOVE (if applicable)

DESCRIPTION OF ACCIDENT (if more room is needed use the back)

IMMEDIATE CAUSES

ACTS OR PRACTICES

- REMOVING/BYPASSING SAFETY DEVICES
- FAILURE TO USE PROPER PPE
- FAILURE TO INSPECT WORK AREA
- IMPROPER USE OF EQUIPMENT
- USING DEFECTIVE EQUIPMENT
- FAILURE TO PERFORM PRE-OPERATION INSPECTION
- UNAUTHORIZED/UNTRAINED OPERATOR
- LACK OF EXPERIENCE WITH MACHINE/EQUIPMENT
- FAILURE TO PROPERLY SECURE WORK

- SELECTED WRONG TOOL FOR JOB
- TOOK SHORTCUT(S)
- IMPROPER LOCK-OUT/TAG-OUT USED
- HORSEPLAY
- IMPROPER BODY POSITION
- DISTRACTED FROM TASK
- UNDER INFLUENCE OF ALCOHOL/DRUGS
- OTHER: _____

CONDITIONS

- INADEQUATE GUARDS/BARRIERS
- INADEQUATE PPE
- POOR WORK STATION/WORK AREA DESIGN
- DEFECTIVE TOOLS/EQUIPMENT/MACHINE
- POOR HOUSEKEEPING
- WEATHER RELATED
- INADEQUATE WARNING OR SIGNING
- OTHER: _____

ROOT CAUSES

PERSONAL FACTORS

- NOT PHYSICALLY/MENTALLY CAPABLE
- LACK OF KNOWLEDGE
- LACK OF SKILL
- DEVIATION FROM PROCEDURE/POLICY
- ATTEMPTING TO SAVE TIME
- ATTEMPTING TO AVOID DISCOMFORT
- FATIGUE
- OUTSIDE PERSONAL FACTORS
- OTHER: _____

SYSTEM FACTORS

- INADEQUATE PRE-PLAN
- INADEQUATE SUPERVISION
- INADEQUATE ENFORCEMENT OF ESTABLISHED PROCEDURE/POLICY
- INADEQUATE TRAINING - SPECIFIC
- INADEQUATE ORIENTATION - GENERAL
- INADEQUATE WORK PROCEDURES/STANDARDS
- INADEQUATE INSPECTION OF WORK AREA
- INADEQUATE PRE-OPERATION INSPECTION
- INADEQUATE MAINTENANCE
- PROPER TOOL/EQUIPMENT NOT AVAILABLE
- INADEQUATE PART/TOOL/MACHINE DESIGN
- INADEQUATE PURCHASING STANDARD
- INADEQUATE WORKER PLACEMENT OR SELECTION
- OTHER: _____

CONTROLS SUGGESTED

- INCREASED SUPERVISION
- ADDITIONAL TRAINING
- IMPROVED ORIENTATION
- MODIFY PROCEDURES
- MODIFY EQUIPMENT
- ADD/MODIFY GUARDS/BARRIERS
- WORK AREA INSPECTION NEEDED
- PRE-OPERATION INSPECTION NEEDED
- ADDITIONAL/MODIFIED PPE REQUIREMENTS NEEDED
- ADDITIONAL MAINTENANCE REQUIRED
- ADDITIONAL WORK RULE ESTABLISHED
- MODIFY EMPLOYEE SELECTION CRITERIA
- CONDUCT JOB HAZARD ANALYSIS
- OTHER: _____
- EMPLOYEE DISCIPLINE
- SUPERVISOR DISCIPLINE

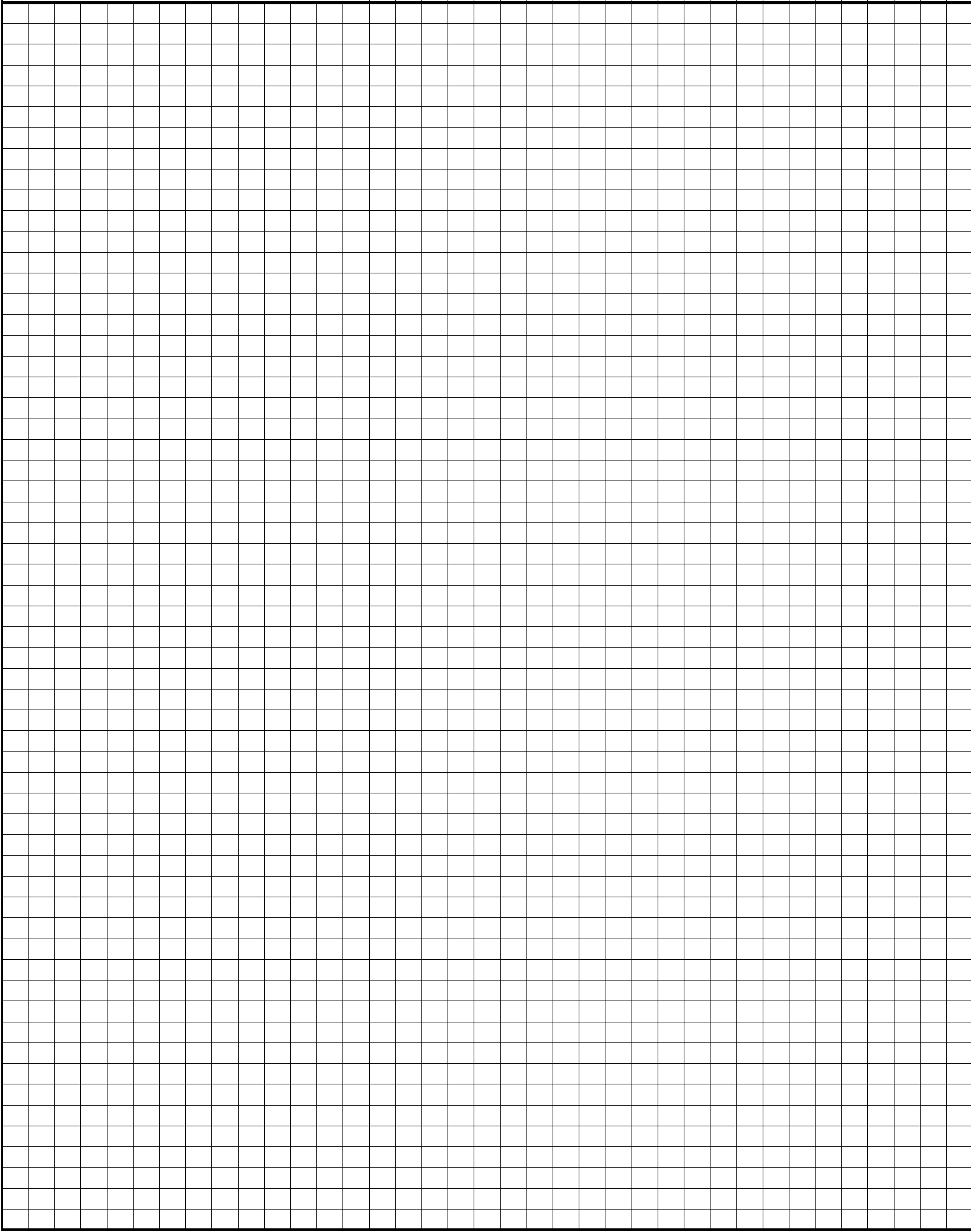
DESCRIBE SUGGESTED CONTROLS (This must be completed)

REPORT PREPARED BY (SIGNATURE): _____ DATE: _____

REVIEWED BY SUPERVISOR ON (DATE) _____ REVIEWED BY SAFETY MNGR. ON (DATE) _____

RETURN ORIGINAL TO SAFETY DEPARTMENT

DIAGRAM OF INCIDENT / ACCIDENT



SAFETY VIOLATION REPORT

Employee _____ Date: _____
Department: _____ Time: _____
Crew Leader _____
Project Name: _____ Job # _____

Description of Violation: _____

Reported By: _____ Date: _____
Approved By: _____ Date: _____
Employee Signature: _____ Date: _____

SAFETY VIOLATION REPORT

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Department: _____ Time: _____
Crew Leader _____
Project Name: _____ Job # _____

Description of Violation: _____

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