



# ***SAFETY PROGRAM***

## ***2019***

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## **POLICY STATEMENT**

The management of Sullivan Construction, Inc. recognizes the importance of safety and health and is committed to providing a workplace for our employees in which recognized hazards are controlled or eliminated. The philosophies and objectives behind this commitment are as follows:

- The safety and health of all Sullivan Construction, Inc.'s employees is a priority.
- All Employees will be required to make safety and the safety of their co-workers a priority.
- As a condition of employment, each individual within the organization will be expected to conduct their daily tasks in a manner that is consistent with the philosophy and objectives of this policy as well as any safety rules or procedures that the company practices.

With these goals in mind, Sullivan Construction, Inc.'s Safety and Health Program will include:

- Providing adequate safeguards to the maximum extent that is possible.
- Conducting a program of health and safety inspections to identify and eliminate unsafe working conditions or practices, to control health hazards, and to comply fully with all Safety and Health Standards.
- Training all employees in health and safety practices, with a primary focus on electrical, step ladder, fall and trip hazards at our job sites.
- Providing necessary personal protective equipment and instruction for its use and care.
- Developing, updating, and enforcing health and safety rules and requiring that all employees cooperate with these regulations.
- Investigating, promptly and thoroughly, every accident or incident to determine the cause and take actions to prevent any reoccurrence of the problem.

In closing, it is imperative that every employee, no matter what level in the organization, do his or her part in supporting safety. No job or task is so important that we cannot take the necessary time to perform it safely. Adherence to this policy and our safety program will provide safer working conditions for everybody.



Thomas F. Sullivan, President

Date: January 3, 2019

## **RESPONSIBILITY**

### **Management will:**

- Ensure that each level of supervision and all employees are made aware of the elements of a safety program, and that those elements are implemented.
- Make certain that personal protective equipment is available to those employees whose job functions require its use.
- Provide the support that is necessary to assure a safe and healthy work environment.
- Make certain that supervision enforces safety through training, monitoring and through use of disciplinary actions.

### **Supervisors will:**

- Prominently post all provided safety material at jobsite including but not limited to, site specific emergency phone numbers and procedures.
- Take immediate actions to correct any hazardous conditions or unsafe employee or subcontractor acts.
- Provide personal protective equipment along with the training for its use and care and assure its use by affected employees.
- Assure that protective guarding is in place and being used properly.
- Assure that employees have received the necessary training for performing their job safely.
- Take prompt action in accident investigating and reporting.
- Enforce established disciplinary procedures to employees and subcontractors who do not adhere to safety rules and regulations.

### **Employees will:**

- Report all accidents or incidents and hazardous conditions to their supervisor.
- Adhere to and follow all safety rules and regulations.
- Attend all required training sessions and safety meetings.
- Select representatives for the Joint Loss Management Safety Committee.

**Safety Director/Joint Loss Management Safety Committee:**

- Assist and advise management in establishing and maintaining the safety program.
- Provide all employees with Safety Handbook.
- Review and update rules and programs as needed.
- Plan and coordinate inspections, committee meetings, and training.
- Maintain accident and incident records, reports and data.

The following individuals are involved with the safety program. Each individual's duties are listed next to his/her name.

**Matt Usenia** - As Safety Director, Matt is responsible for the overall implementation of our safety program. Matt will ensure that all employees are made aware of the elements of the safety program, and that those elements are implemented. Part of his duties will be to conduct formal and informal safety inspections at each jobsite in conjunction with our ABC Loss Control inspectors.

**Steve Whalen** - As employee representative to the safety committee he will bring to the committee any safety issues or concerns expressed to him by the employees. As part of his duties he will also conduct both formal and informal safety inspections at the jobsites.

**Cheryl Wilson** - Cheryl is responsible for maintaining accident and incident records. As soon as possible after an accident the injured employee should contact Cheryl to give her the information on the accident and get the necessary paperwork to be filled out and filed with the State, Managed Care Company, and insurance carrier.

**David Kerr** - David is a senior PM and is responsible for safety liaison communications as between the office and site superintendents. David is also the lead in training materials for the Company.

**Superintendents** - Each superintendent is responsible for all safety site specific issues at his jobsite. He/she is to enforce established disciplinary procedures to employees and subcontractors who do not adhere to safety rules and regulations. The superintendent is to take immediate action to correct any hazardous conditions or unsafe employee acts. The superintendent is also responsible to report all accidents or incidents to the Office Accounting Dept. within 24 hours of the occurrence of the accident or incident.

**Employees** - Each employee is required to adhere to and follow all safety rules and regulations and to report all accidents or incidents and hazardous conditions to his superintendent.

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**JOINT LOSS MANAGEMENT COMMITTEE**

As an employer of five or more employees, we are required to establish a Joint Loss Management Committee composed of equal numbers of employee and employer representatives. The employee representative is selected by the employees. Steve Whalen is the current employee representative and David Kerr is the employer representative. Cheryl Wilson is an impartial party who solely maintains record keeping and reporting requirements.

This committee meets quarterly to discuss and develop policies on the following safety issues (and others as the need arises):

- 1.) Develop and maintain safety goals for the company. Goals are established annually in January.
- 2.) Review workplace accident and injury data to help establish objectives to prevent future accidents and injuries.
- 3.) Review the formal and informal safety inspections held since the previous meeting.
- 4.) Identify work hazards, with recommended control measures, to all employees.
- 5.) Ascertain that all required and necessary safety and health training for employees is being provided.
- 6.) Develop and maintain a temporary alternative duty program to assist injured workers to return to work as soon as possible.

Employees are notified when the Joint Loss Management Committee is meeting. All employees are encouraged to discuss with the Committee members any issues which he or she thinks should be discussed at the committee meeting.

A complete record of the minutes of all committee meetings is kept at the office and is available to all employees. Please contact the Accounting Department if you wish to review these meeting minutes.

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## **HEALTH AND SAFETY INSPECTION**

Jobsite inspections are an important part of our safety program. To ensure that all employees are adhering to the safety policies established by the Joint Loss Management Committee, the safety inspectors from both the ABC NH Group Trust and our Carrier as well as Matt Usenia, Safety Director, will conduct formal and informal inspections at the job sites. At least one formal inspection is conducted on all jobs scheduled to run at least two months and informal inspections will be conducted at random on jobs schedule to run under two months.

Each job superintendent is given a “Weekly General Checklist” which is filled out and submitted to the office each week, along with his daily reports and time cards.

During a formal inspection either the insurance site safety inspectors or Matt Usenia, Safety Director will walk through the jobsite with the Superintendent and review the Weekly General Checklist. All employees should be aware that this checklist is only a starting point to ensure that the workplace is made safe for all employees. Each jobsite has its unique hazards. At the formal and informal inspections, the safety inspectors or Craig Liffner will not only be verifying that all the items on the checklist are being followed - their primary responsibility is to ensure that each jobsite is safe.

When the formal inspection is complete the site safety inspector or Craig Liffner will issue a written report to the superintendent detailing any safety or health areas which are deficient at the jobsite or which areas need improvements. This report will contain recommended actions to be taken by the superintendent to correct any safety problems along with time frames for the corrective actions to be implemented by the superintendent.

Informal inspections are held on jobs of shorter duration and may or may not include a detailed review of the Weekly General Checklist. The primary purpose is to ensure that the jobsite is safe. Inspections of the jobsite(s) will be at random and a walk through with the superintendent reviewing any safety and health issues will be conducted. As with the formal inspection a written report to the superintendent will follow the inspection.

All employees should be aware that these inspections are to keep the work place safe for you. Any comments and suggestions for improvements you may have are encouraged.

### **Subcontractors**

All superintendents and employees are aware that all subcontractors on our jobs have signed a contract that they will abide by OSHA standards and by the Sullivan Construction Safety program. This means that if a subcontractor is observed to be doing something that is unsafe our superintendent is notified immediately. Superintendents direct the subcontractor to correct the problem. If the subcontractor does not comply, disciplinary action shall be taken (as specified in Disciplinary Policy on page 8 of this manual). All superintendents are aware that they are responsible for seeing that all subcontractors abide by all OSHA regulations and this safety program.

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## **SAFETY RULES & REGULATIONS**

### **Employee Rules:**

- Each employee shall not perform any task he or she feels is unsafe.
- Each employee shall wear the appropriate work clothes and equipment.
- Each employee shall report all unsafe conditions and practices immediately to supervisors.
- Smoking on our job sites is strictly prohibited.
- Each employee shall cooperate with members of the company's safety committee.
- Each employee shall use common sense and care to prevent injury to him/herself and to others.
- Horseplay or practical jokes are not permitted.
- Deliberate destruction of company property is not permitted.
- Consumption of alcoholic beverages or working under the influence of drugs is strictly forbidden.
- Each employee shall never use defective tools or equipment and shall report any such item to a supervisor for immediate corrective actions.
- Each employee shall be responsible for putting equipment away when finished with his/her job.
- Each employee will keep aisles and exits clear at all times and practice proper housekeeping.
- Each employee shall immediately report any accidents, incidents, or injuries to their supervisor.

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**DISCIPLINARY POLICY**

As a condition of employment, all employees and subcontractors are required to actively participate in company safety programs and follow safety regulations in the interest of on-the-job accident prevention.

Willful disregard of safety practices, company rules, instructions, or the welfare of fellow employees has no place at this company or on any job site. This kind of behavior may lead to injuries, damage to products or equipment, and production delays.

For the employee, disciplinary action up to and including termination of employment will be taken in those cases where it is determined that blatant disregard for safety practices has occurred. In the event that progressive discipline is appropriate, the following company format will be followed.

- First Offense - Oral Warning with review of safety policy
- Second Offense - Written Warning with re-training of safety procedures
- Third Offense - Termination of Employment

For the subcontractor, disciplinary action up to and including termination of the current contract will be taken in those cases where it is determined that blatant disregard for safety practices has occurred. In the event that progressive discipline is appropriate, the following format will be followed.

- First Offense - Oral Warning with review of safety policy.
- Second Offense - Written Warning to the Owner of the subcontracting company, removal and replacement of their foreman with a competent person who understands and follows their company safety policies.
- Third Offense - Immediate suspension of work being performed by the subcontractor and written notice by the subcontractor on future compliance.
- Fourth Offense - Termination of the current contract.



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## **MEDICAL EMERGENCY PROCEDURES**

All emergencies requiring first aid or medical treatment are reported to the immediate supervisor. All site personnel are to report all medical emergencies to the office immediately or as soon as practical but within 24 hours.

Medical emergencies are categorized as either minor or major. Minor emergencies generally can be treated on site or in one trip to a walk-in care facility. These injuries will usually require no lost time or work reassignment. Major emergencies will typically require treatment beyond initial first aid treatment. The following are guidelines that are used, but first priority is to the individual requiring treatment.

### **Minor Medical Emergencies**

- Obtain first aid treatment on site and notify immediate supervisor.
- If off site treatment is required arrangement should be made to take the injured person to a treatment facility.
- After treatment, report to your immediate supervisor for return to work.

### **Major Medical Emergencies**

- Obtain first aid treatment on site and notify immediate supervisor.
- If off site treatment is required, make arrangements for transportation.
- If injuries are deemed serious or potentially life-threatening contact the local emergency medical services for assistance.
- If an individual is immobile do not try to move them. Wait for trained medical personnel.
- While waiting for medical assistance try to keep the injured individual calm and as comfortable as possible.
- The supervisor or other responsible party should contact the office as soon as possible.
- The emergency contact listed in the injured individual's personnel file will be notified by personnel if the individual is not able to.

## **REPORTING AN ACCIDENT**

- Employees report all accidents, injuries, near misses and property damage **immediately to a supervisor.**
- The supervisor, upon report of injury, immediately administers appropriate first aid or ensures employee receives necessary medical attention.
- The supervisor ensures that the area and/or equipment and environment where the accident has occurred is properly secured until the accident investigation has been completed.
- A Notice of Accidental Injury or Occupational Disease form is filled out at the office by the supervisor within 24 hours of the incident. The forms are obtained only from Cheryl Wilson, if you are unable to reach Cheryl contact the Safety Director – Craig Liffner.
- After each accident or injury an investigation will be made as directed by the Joint Loss Management Committee. A report will be issued with recommended actions to prevent future similar accidents.

## **REPORTING ACCIDENTS FOR NON-SULLIVAN CONSTRUCTION EMPLOYEES**

Employees should follow the above procedures when reporting site accidents/incidents – making sure that the Sullivan Construction office/Project Manager is notified immediately.

This procedure should be followed under all circumstances. Proper documentation and timely reporting of such claims is crucial.

**ACCIDENT INVESTIGATION**

Incident Reporting and Investigation Form

- Injury
- Incident
- Equipment/Property Damage
- Close Call / Near Miss

Fill Out All Blocks. Be as specific as possible and Include drawings, photos, additional narrative, as needed.		Project:		Project Address:	
<b>SUPERVISOR CONTACT INFORMATION</b>					
Reporting Supervisor / Investigator Name:		Title:		Tel #:	Email:
Date of Incident: (mo/day/yr)	Time of Incident:		Time of Report:		Date of Report: (mo/day/yr)
Other contractor involved? If yes, name and contact information:					
<b>INJURED PARTY</b>					
If no injury, check box and skip this section: <input type="checkbox"/> No injury	Injured Party's Name & Title:		Injured Party's Contact Information:		
Nature of Injury/Illness:	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Heat Related Illness	Treatment:	Name & Address of Treating Dr./Facility	
<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Internal	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> First-Aid		
<input type="checkbox"/> Fracture	<input type="checkbox"/> Burn/Scald		<input type="checkbox"/> E.R.		
<input type="checkbox"/> Laceration/Cut	<input type="checkbox"/> Foreign Body	Body Part Injured(s)	<input type="checkbox"/> Dr.'s Office	Remarks:	
<input type="checkbox"/> Bruising	<input type="checkbox"/> Chemical Reaction		<input type="checkbox"/> Hospital Stay		
<input type="checkbox"/> Scratch/Abrasion	<input type="checkbox"/> Allergic Reaction				
<input type="checkbox"/> Amputation	<input type="checkbox"/> Concussion	Returned to Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>WITNESSES AND/OR WITNESS STATEMENT</b>					
Witnesses (name and contact information)			Witness statement attached?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>PROPERTY DAMAGE</b>					
List property / material damaged (use control numbers if available):			Nature of damage:		
Object/ substance inflicting damage:			Approximate cost:		
<b>THE INCIDENT (Use Additional Paper as Needed, Reference Below and Attach)</b>					
Describe what happened. (Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how.)					

**Why did it happen?(Root Cause Analysis)What was the root cause of the incident, i.e. actually caused the illness, injury, or incident?**

<b>Unsafe Acts</b>	<b>Unsafe Conditions</b>	<b>Management System Deficiencies</b>
<input type="checkbox"/> Improper Work Technique	<input type="checkbox"/> Poor Workstation Design or Layout	<input type="checkbox"/> Lack of Written Procedures or Safety Rules
<input type="checkbox"/> improper PPE, not used or used Incorrectly	<input type="checkbox"/> Fire or Explosäon Hazard	<input type="checkbox"/> Safety Rules Not Enforced
<input type="checkbox"/> Safety Rule Violation	<input type="checkbox"/> Congested Work Area	<input type="checkbox"/> Hazards Not Identified
<input type="checkbox"/> Operating Without Authorization	<input type="checkbox"/> Hazardous Substances	<input type="checkbox"/> PPE Unavailable
<input type="checkbox"/> Failure to Warn or Secure	<input type="checkbox"/> Inadequate Ventilation	<input type="checkbox"/> Insufficient Worker Training
<input type="checkbox"/> Operating at Improper Speeds	<input type="checkbox"/> Improper Material Storage	<input type="checkbox"/> Insufficient Supervisor Training
<input type="checkbox"/> By-Passing Safety Devices	<input type="checkbox"/> Improper Tool or Equipment	<input type="checkbox"/> Improper Maintenance
<input type="checkbox"/> Guards Not used	<input type="checkbox"/> Insufficient Job Knowledge	<input type="checkbox"/> Inadequate Supervision
<input type="checkbox"/> Improper Loading or Placement	<input type="checkbox"/> Slippery Conditions	<input type="checkbox"/> Insufficient Job Planning
<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Inadequate Hiring Practices
<input type="checkbox"/> Servicing or Adjusting Machinery in Motion	<input type="checkbox"/> Excessive Noise	<input type="checkbox"/> Poor Process Design
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Inadequate Guarding of Hazards	<input type="checkbox"/> Inadequate Workplace Inspections
<input type="checkbox"/> Drug or Alcohol use	<input type="checkbox"/> Defective Tools/Equipment	<input type="checkbox"/> Inadequate Equipment
<input type="checkbox"/> Unsafe Act(s) of Others	<input type="checkbox"/> Insufficient Lighting	<input type="checkbox"/> Unsafe Design or Construction
<input type="checkbox"/> Unnecessary Haste	<input type="checkbox"/> Inadequate Fall Protection	<input type="checkbox"/> Unrealistic Scheduling
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**List immediate actions taken and results.**

**What should be done to prevent a recurrence? (Be specific as to what would prevent the injury, incident or damage from occurring again)**

**CORRECTIVE ACTIONS TRACKING (All Blocks Must be Filled in and Information Verifiable)**

<b>List action(s) that have or will be taken to prevent a recurrence.</b>	<b>Assigned to Whom</b>	<b>Scheduled Completion Date</b>	<b>Actual Completion Date</b>	<b>Follow-up Date</b>

**JOB HAZARD ANALYSIS REVIEW**

Is there a JHA that applies to the task being performed when the injury or incident occurred? If yes, review the JHA, answer the following questions, and attach a copy th this report. If no, please explain why the JHA was not required for the task.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were hazards sufficently identified? If not, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were identified controls adequate and implemented? If not, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the identified controls not implemented? If not, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INVESTIGATION TEAM (Print and Sign)**

Signature	Name	Title

**Photos:**

### **Temporary Alternative Duty and Return to Work Program**

In compliance with R.S.A. 281-A:23-b, the company will make every effort to provide temporary alternative/transitional work opportunities to all employees temporarily disabled by a work-related injury or illness. The injured worker will report the injury to the employer as soon as possible. If appropriate, the worker will be assigned temporary alternative / transitional duty. This may mean that your present job will be modified. Reassignment to different duties or work schedules may be required.

The Safety Director will be in charge of assigning temporary duties. Please direct any questions to the Director.

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**PERSONAL PROTECTIVE EQUIPMENT**

The Sullivan Construction, Inc. is issuing the following Personal Protective Equipment (PPE) for your safety. ***You are responsible for this equipment, so take care of it!***

Hard Hat w/Ratchet.....	\$12.95
Leather Palm Glove.....	\$ .76
Hearing Protection [Ear Muffs (1)].....	\$14.25
*Hearing Protection [Foam earplugs (10)] .....	N/C
*Fall Protection Harness .....	\$57.95
*6' Adjustable Shock Absorbing Lanyard.....	\$57.95
*G.F.C.I. Pig Tail (1) .....	\$40.00
Personal First Aid Kit .....	\$45.00
Safety Glasses w/replaceable lenses .....	\$ 8.75
Grey Replacement Safety Glass Lenses .....	\$ 3.65
Duffle Bag.....	\$72.00
Safety Vest (Orange w/reflexite tape).....	\$10.95

**\*EMPLOYEE MUST DEMONSTRATE THE PROPER USE OF EQUIPMENT PRIOR TO USE OR BE PROPERLY TRAINED IF NEEDED.**

**You are required to wear your protective equipment in any and all applicable situations.** Consult with your supervisor to determine proper procedures. These PPE's are for your safety – use them! Failure to use your safety equipment may be cause for termination.

If at any time your equipment is worn or damaged, bring in the used equipment to Craig Liffner or Cheryl Wilson and a new item will be issued to you – free of charge. Should your equipment be lost or damaged caused by misuse, you will be liable for replacement costs as shown above. Please take care of this equipment and keep it in good working order for your own safety.

The value of this equipment as whole is \$325.00. This equipment is the property of the Sullivan Construction, Inc., and is to be returned if employment is terminated for any reason. If this equipment is not returned upon termination, the cost of the equipment will be deducted from your final paycheck.

Please sign below to indicate that you have received your Personal Protective Equipment and that you understand and agree to the above.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return this form to the Accounting Dept. upon receipt of your equipment*

**Print Name:** \_\_\_\_\_

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**EMPLOYEE EXPERIENCE QUESTIONNAIRE**

The following questions will help us to determine the level of your experience.

- 1) Do you have any experience operating the following tools or machinery:
  - a) Electric concrete cutting floor saw  Yes  No
  - b) Gas powered demolition/cut-off saw  Yes  No
  - c) Electric or air-powered jack hammer  Yes  No
  - d) Mechanical lifts (platform lift, scissor lift)  Yes  No
  - e) Hilti gun  Yes  No
  - f) Concrete boring drill  Yes  No
  - g) Rotary hammer drill  Yes  No
  - h) Bobcat (skid steer loader)  Yes  No
- 2) Do you have any experience reading blueprints?  Yes  No
- 3) Do you have any experience laying out a floor plan?  Yes  No
- 4) Do you have any experience using a transit?  Yes  No
- 5) Have you ever installed “knock-down” metal frame doors?  Yes  No
- 6) Have you ever done any metal stud framing?  Yes  No
- 7) Have you ever done any drywall installation?  Yes  No
- 8) Have you ever done any acoustic ceiling installation?  Yes  No
- 9) Have you ever installed any counters or cabinets?  Yes  No

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



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**WEEKLY GENERAL CHECKLIST**

JOB NAME \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT'S NAME \_\_\_\_\_

**1. JOBSITE INFORMATION**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
A. Posting OSHA and other job warning warning posters?	___	___	___	_____
B. Are there adequate medical service and first aid equipment?	___	___	___	_____
C. Are jobsite injury records being kept?	___	___	___	_____
D. Are emergency numbers (such as police dept., fire dept., doctor, hospital and ambulance posted?	___	___	___	_____

**2. HOUSEKEEPING & SANITATION**

A. General neatness of working areas?	___	___	___	_____
B. Passageway and walkways clear?	___	___	___	_____
C. Adequate lighting?	___	___	___	_____

**3. FIRE PREVENTION**

A. Fire instructions to personnel?	___	___	___	_____
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**4. ELECTRICAL INSTALLATIONS**

A. Adequate wiring, well insulated?	___	___	___	_____
B. Breakers identified?	___	___	___	_____
C. Electrical dangers posted?	___	___	___	_____
D. Are terminal boxes equipped with required covers?	___	___	___	_____
E. Are covers being used?	___	___	___	_____
F. Are ground fault circuit installed and working?	___	___	___	_____

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**WEEKLY GENERAL CHECKLIST**

**5. HAND TOOLS**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
A. Proper tool being used for each job?	___	___	___	_____
B. Neat storage, safe carrying?	___	___	___	_____
C. Damaged tools repaired or replaced promptly?	___	___	___	_____
D. Are employees' tools inspected and repaired?	___	___	___	_____

**6. POWER TOOLS**

A. Good housekeeping where tools are used?	___	___	___	_____
B. Tools & cords in good condition?	___	___	___	_____
C. Proper grounding?	___	___	___	_____
D. Proper instruction in use?	___	___	___	_____
E. All mechanical safeguards in use?	___	___	___	_____
F. Tools neatly stored when not in use?	___	___	___	_____
G. Right tool being used for the job at hand?	___	___	___	_____
H. Wiring properly installed?	___	___	___	_____

**7. POWDER-ACTUATED TOOLS**

A. All operators qualified and licensed?	___	___	___	_____
B. Tools and charges protected from unauthorized use?	___	___	___	_____
C. Competent instruction and supervision?	___	___	___	_____
D. Tools checked and in good working order?	___	___	___	_____
E. Tools not used on any but recommended material?	___	___	___	_____
F. Safety goggles or face shields?	___	___	___	_____

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**WEEKLY GENERAL CHECKLIST**

**8. LADDERS**

	Yes	No	N/A	COMMENTS
A. Ladders inspected and in good condition?	___	___	___	_____
B. Stepladders fully open when in use?	___	___	___	_____
C. Metal ladders not used around electrical hazards?	___	___	___	_____
D. Proper maintenance and storage?	___	___	___	_____
E. Are safety shoes in use?	___	___	___	_____
F. Are ladders properly labeled?	___	___	___	_____
G. Are extension ladders properly tied off?	___	___	___	_____

**9. SCAFFOLDING**

A. Is erection properly supervised?	___	___	___	_____
B. Will all structural members meet the safety factor?	___	___	___	_____
C. Are all connections secure?	___	___	___	_____
D. Is scaffold tied into structure?	___	___	___	_____
E. Are working areas free of debris, snow, ice & grease?	___	___	___	_____
F. Are foot sills and mud sills provided?	___	___	___	_____
G. Are workers protected from falling objects?	___	___	___	_____
H. Is the scaffold plumb and square, with cross bracing?	___	___	___	_____
I. Are guard rails, intermediate rails, and toeboards in place?	___	___	___	_____
J. Is scaffold equipment in good working order?	___	___	___	_____

**WEEKLY GENERAL CHECKLIST**

**10. BARRICADES**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>COMMENTS</u>
A. Floor openings planked over or barricaded?	___	___	___	_____
B. Roadways & sidewalks effectively protected?	___	___	___	_____
C. Traffic controlled?	___	___	___	_____
D. Adequate lighting provided?	___	___	___	_____
E. Are barricades properly labeled?	___	___	___	_____

**11. HANDLING & STORAGE OF MATERIALS**

A. Are materials properly stored or stacked (firm footings)?	___	___	___	_____
B. Are passageways clear?	___	___	___	_____
C. Are men lifting loads correctly?	___	___	___	_____
D. Are materials protected from weather conditions?	___	___	___	_____
E. Is duct protection observed?	___	___	___	_____
F. Are all containers properly marked?	___	___	___	_____

**12. EXCAVATION & SHORING**

A. Are adjacent structures properly shored?	___	___	___	_____
B. Is shoring & sheathing used for soil and depth?	___	___	___	_____
C. Are roads and sidewalks supported and protected?	___	___	___	_____
D. Is material stored too close to excavations?	___	___	___	_____
E. Is excavation barricaded and lighting provided?	___	___	___	_____
F. Is equipment a safe distance from edge of excavation?	___	___	___	_____
G. Are ladders provided where needed?	___	___	___	_____

**WEEKLY GENERAL CHECKLIST**

**12. EXCAVATION & SHORING (continued)**

Yes   No   N/A   COMMENTS

- H. Are equipment ramps adequate? \_\_\_\_\_
- I. Is job supervision adequate? \_\_\_\_\_

**13. DEMOLITION**

- A. Are operations planned ahead? \_\_\_\_\_
- B. Is there shoring of adjacent structure? \_\_\_\_\_
- C. Is there sidewalk and other public protection? \_\_\_\_\_
- D. Clear operating space for trucks and other vehicles? \_\_\_\_\_
- E. Adequate access ladders or stairs? \_\_\_\_\_

**14. PERSONAL PROTECTIVE EQUIPMENT**

- A. Eye protection? \_\_\_\_\_
- B. Face shields? \_\_\_\_\_
- C. Respirators and masks? \_\_\_\_\_
- D. Helmets and hoods? \_\_\_\_\_
- E. Gloves, aprons and sleeves? \_\_\_\_\_
- F. Respirators for harmful dust, sand blasting, etc? \_\_\_\_\_

**15. JOBSITE RECORDS**

- A. Are all SULLIVAN CONSTRUCTION MSDS sheets on site? \_\_\_\_\_
- B. Are all subcontractor MSDS sheets on site? \_\_\_\_\_
- C. Are copies of the "Employee Experience Questionnaire" on site for all employees on the job? \_\_\_\_\_

**WEEKLY GENERAL CHECKLIST**

Page 6

**16. SAFETY CONCERNS & UNSAFE ACTS WITNESSED:** Use this space to record near misses and corrections made to improve the situation.

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**17. HAZARDOUS MATERIALS:** Use this space to identify hazardous materials left unsecured and the corrective actions taken to rectify the situation. If possible, try to determine the route cause of the problem.

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**18. OTHER COMMENTS:** Use this space for additional comments or explanations on above items.

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Signature of Superintendent: \_\_\_\_\_