



# PROGRAM AUDIT

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|                         |  |
|-------------------------|--|
| <b>Company Name:</b>    | <b>Date:</b>                                     |
| <b>Company Contact:</b> | <b>AGC Safety &amp; Loss Control Consultant:</b> |

| SECTION 1: Principal Commitment |    |     |   |
|---------------------------------|----|-----|---|
| YES                             | NO | N/A |   |
|                                 |    |     | Written Safety and Health Policy signed by company principal with an emphasis on company commitment to safety and health  |
|                                 |    |     | Designated safety administrator/coordinator trained in safety and health hazard recognition and management/risk control   |
|                                 |    |     | Consider safety and health issues as an overriding factor during construction   |
|                                 |    |     | Have an annual safety and health budget, and budget(s) for each job. Funds available to support the safety program on company-wide and project-specific basis   |
|                                 |    |     | Company policy gives field employees authority to "shut down" a job or operation because of a hazard that presents an imminent danger to employees  |
|                                 |    |     | Have safety and health policy or requirements written into contracts to require subcontractors to meet your safety requirements   |
|                                 |    |     | Utilize a pre-qualification safety and health-screening method to select subcontractors, suppliers or vendors   |
|                                 |    |     | Provide evidence/documentation of employee involvement at all levels of the safety and health program? (self-evaluations, site inspections, safety committees, program review, training, mishap investigations) |

| SECTION 2: Accident Prevention Plan and Procedures |    |     |   |
|--|----|-----|---|
| YES  | NO | N/A |   |
|  |    |     | Provide safety and health rules that are equal to OSHA standards                                    |
|  |    |     | Provide safety and health rules that exceed OSHA standards  |
|  |    |     | Require Job Hazard Analyses (JHA) job-specific tasks  |
| Written Hazard Communication Plan and Procedures   |    |     |   |
| YES  | NO | N/A |   |
|  |    |     | Company wide hazard assessment coordinator  |
|  |    |     | A job specific hazard assessment coordinator  |
|  |    |     | Standard procedure to inform and to receive information from other contractors on the same job site |



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| <b>New-Hire Orientation That Includes:</b> |    |     |   |
|--|----|-----|---|
| YES  | NO | N/A |   |
|  |    |     | How to report injuries and unsafe conditions and work practices         |
|  |    |     | An overview of the company's safety and health requirements             |
|  |    |     | Location of first aid kits/facilities                                   |
|  |    |     | Use and care of personal protective equipment (PPE)                     |
|  |    |     | Actions to take in the event of emergencies                             |
|  |    |     | Overviews of the company's discipline procedures and enforcement policy |
|  |    |     | Company's roles and responsibilities in the safety program              |

| <b>Employee Training and Documentation That Includes:</b> |    |     |  |
|---|----|-----|--|
| YES   | NO | N/A |  |
|   |    |     | Have personnel on each job trained in first aid and CPR  |
|   |    |     | Supervisors with OSHA extensive (i.e. 10/30-hr) hazard recognition/competent person training certification       |
|   |    |     | Fall protection systems  |
|   |    |     | Forklift operator training certification and evaluation  |
|   |    |     | Competent person safety training applicable for your business (i.e., scaffolds, trenching and excavations, etc.) |
|   |    |     | Fire prevention  |
|   |    |     | Hazard communication   |
|   |    |     | Defensive driving  |
|   |    |     | Use of personal protective equipment (PPE) and respirators   |
|   |    |     | Confined space hazards   |
|   |    |     | Asbestos hazard awareness  |
|   |    |     | Lead hazard awareness  |
|   |    |     | Silica dust hazard awareness   |
|   |    |     | Manual lifting hazard awareness  |
|   |    |     | Electrical hazards, including lockout/tagout procedures  |
|   |    |     | Site-specific risks and hazard awareness   |
|   |    |     | Traffic zone hazard awareness and flagging   |

| <b>A Written Policy or Procedures that includes:</b> |    |     |   |
|--|----|-----|---|
| YES  | NO | N/A |   |
|  |    |     | Lockout/tagout of hazardous energy sources      |
|  |    |     | Permit-required confined space entry procedures |
|  |    |     | Blood borne pathogens exposure control plan     |
|  |    |     | Fall protection plan                            |
|  |    |     | Fire prevention and emergency action plan       |
|  |    |     | Asbestos and lead procedures                    |



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|  |  |  |   |
|--|--|--|---|
|  |  |  | Trenching and excavation procedures                             |
|  |  |  | Traffic control plan  |
|  |  |  | Vehicle driver selection and fleet safety policy                |
|  |  |  | Assured equipment grounding or GFCI program                     |
|  |  |  | Disciplinary procedures and enforcement of subcontractor safety |
|  |  |  | Workplace violence and harassment policy                        |
|  |  |  | Explosives and detonation safety plan                           |
|  |  |  | Pre-lift cranes or hoisting equipment plan                      |
|  |  |  | Behavior-based observations and reporting                       |

| SECTION 3: Designated Safety Coordinator/Manager/Committee |    |     |  |
|--|----|-----|--|
| YES  | NO | N/A |  |
|  |    |     | Safety responsibilities clearly defined in writing           |
|  |    |     | Must report to executive management                          |
|  |    |     | Attends management and project safety meetings               |
|  |    |     | Has degree or professional certificates in safety and health |
|  |    |     | Conducts and records safety inspections                      |
|  |    |     | Conducts and records accident investigations                 |
|  |    |     | Make decisions on safety procedures and policies             |

| SECTION 4: Emergency Procedures and First Aid/CPR |    |     |  |
|---|----|-----|--|
| YES   | NO | N/A |  |
|   |    |     | First aid and CPR certifications (current and up-to-date)  |
|   |    |     | Written emergency procedure plan for evacuation  |
|   |    |     | Crisis management plan   |
|   |    |     | Have the appropriate/adequate first aid supplies and equipment on a job-site   |
|   |    |     | Have an emergency rescue plan in place for a fall and caught-in-between victim (i.e., falls, excavations, confined space, etc.). |

| SECTION 5: Inspections and Accident Investigations and Reports |    |     |   |
|--|----|-----|---|
| YES  | NO | N/A |   |
|  |    |     | Maintain safety and health recordkeeping requirements   |
|  |    |     | Provide safety inspection and accident investigation procedures   |
|  |    |     | Injury accidents are investigated promptly after an occurrence and a report is presented                                  |
|  |    |     | Accident reports are reviewed regularly to determine needed safety corrections  |
|  |    |     | Require safety and health inspections of each job site at least weekly by the supervisor                                  |
|  |    |     | Safety and health issues are discussed and addressed at each job progress meeting with the other contractors              |
|  |    |     | Require safety and health inspections of each job site by the company safety director or project manager at least monthly |



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|  |  |  |  |
|--|--|--|--|
|  |  |  | An investigation procedure for near misses           |
|  |  |  | Daily site inspections conducted by competent person |
|  |  |  | Site inspections documented                          |

| SECTION 6: Consistent Use of Safety Posters and Posted Information |    |     |   |
|--|----|-----|---|
| YES  | NO | N/A |   |
|  |    |     | All required federal and state forms and notices posted on each job site                                    |
|  |    |     | Post injury and illness records such as 300A Form (when required).  |
|  |    |     | Communicate all environmental monitoring and test data with employees (i.e., post the results of air tests) |
|  |    |     | Use warning signs on job-sites to alert workers to hazards  |
|  |    |     | Safe work practices and rules posted  |
|  |    |     | Crane or material handling hand signals posted  |

| SECTION 7: Substance Abuse Policy Procedures |    |     |  |
|--|----|-----|--|
| YES  | NO | N/A |  |
|  |    |     | Written drug and alcohol prohibition policy                      |
|  |    |     | Drug testing protocol  |
|  |    |     | Alcohol testing protocol   |
|  |    |     | Employee assistance program (EAP) or counseling referral program |
|  |    |     | Inclusion of subcontractors in testing policy                    |

| SECTION 8: Site-Specific Safety Plans |    |     |   |
|---------------------------------------|----|-----|---|
| YES                                   | NO | N/A |   |
|                                       |    |     | Documented pre-planning process/lists   |
|                                       |    |     | Weekly safety meetings (tool box safety discussions)  |
|                                       |    |     | System in place to notify subcontractors of health related hazards such as asbestos, lead, etc. |
|                                       |    |     | Written site-specific plans (i.e., fall protection, confined space, asbestos control, etc)      |

| SECTION 9: Participation in at least one construction safety activity by one or more employees. This would include all safety and occupational health-related seminars, workshops and conferences. |    |     |   |
|--|----|-----|---|
| YES  | NO | N/A |   |
|  |    |     | Construction-related association training class   |
|  |    |     | Active participation in a construction-related association safety committee (specify organization): |
|  |    |     | National safety organization conference   |



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|                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Academia-sponsored safety seminar/conference (i.e., college, university, or junior college) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Local or regional safety seminars   |

| SECTION 10: Return-To-Work Program and Medical Management. |                          |                          |   |
|--|--------------------------|--------------------------|---|
| YES  | NO                       | N/A                      |   |
| <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Written return-to-work (RTW) program                    |
| <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Written modified duty tasks or descriptions             |
| <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Coordination with physicians/modified duty descriptions |
| <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Documentation of supervisory training in RTW criteria   |
| <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | Written claims management policy and procedure          |

| SECTION 11: Bilingual Employees. |                          |                          |  |
|----------------------------------|--------------------------|--------------------------|--|
| YES                              | NO                       | N/A                      |  |
| <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | Provide safety training in language in other than English language         |
| <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> | Provide written material and signs in language other than English language |

