



# JOBSITE AUDIT

This portion to be completed jointly with AGC Safety & Loss Control Consultant. Please indicate by placing a “✓” in the appropriate box as to whether firm has listed items in place and are evident at the jobsite. There may be items in jobsite audit that do not apply. If so, the N/A response would be appropriate. Please provide an explanation in the AGC Comments section.

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

The purpose of this checklist is to assist the Construction Safety PRIDE site auditor in identifying the most common conditions that are hazardous or contrary to OSHA standards found on construction sites. *It is not designed to identify every possible condition that could be a potential hazard. There is a page provided for documenting other issues observed during the inspection and the corrective action taken.*

This checklist can provide you with the documentation needed to assure that the Safety PRIDE applicant is controlling worksite hazards and violations, as well as determining whether programs listed on the written program audit are being implemented in the field.

The Four Most Common Causes of Construction Fatalities and Serious Injuries are:

- Falls (e.g., floors, platforms, roofs, unguarded surfaces)
- Electrical (e.g., overhead power lines, power tools and cords, outlets, temporary wiring)
- Struck-by (e.g., falling objects, vehicles)
- Caught in/between (e.g., trenching cave-ins, unguarded machinery, equipment)

**Take special note of these conditions as these are the cause of most construction fatalities, as well as the basis of violations when OR-OSHA conducts a Focused Construction Inspection.**



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**Administration:**

	Y	N	NA
a) Pre-construction meeting with subcontractors re: safe work practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) OSHA poster and other warning signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Emergency phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Written Safety Program on site including HazCom Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Weekly safety meetings documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) MSDS from all subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Hazardous chemical list updated for job <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Competent Person assigned for site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Potable Water/Flush Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**First Aid and Emergency:**

	Y	N	NA
a) First aid kit fully stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Employees aware of personnel trained in first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Employees aware of emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Housekeeping:**

	Y	N	NA
a) General neat appearance of all work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Passageways and walkways clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) No projecting nails and screws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Regular site cleanup and trash disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Materials stored/stacked in orderly and safe manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fire Prevention:**

	Y	N	NA
a) Proper number of Fire Extinguishers provide and charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) "No Smoking" posted and enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Combustibles >10' from building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Approved safety cans for gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 \_\_\_\_\_  
 \_\_\_\_\_



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**Electrical:**

	<b>Y</b>	<b>N</b>	<b>NA</b>
a) Terminal boxes equipped with required covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) GFCI's in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) All extension cords are 3-wire with ground pin in place and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) All electric tools and machinery have ground pin in place on power cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Exposed lighting equipped with protective cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Adequate Temporary Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Minimum 10 foot clearance maintained from high voltage power lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

**Tools, Hand and Power:**

	<b>Y</b>	<b>N</b>	<b>NA</b>
a) Grounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) All guards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tools and cords in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Inspected and maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

**Stairways and Ladders:**

	<b>Y</b>	<b>N</b>	<b>NA</b>
a) Inspected and in good condition by competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Properly secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Siderails extend 36" above top of landing for ext. ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ladder extends 42" above top of landing for step ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Guardrails provided for stairway landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Handrails provided for stairways with four or more risers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Competent person periodically inspect ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Competent person conduct ladder safety training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

**Scaffolding:**

	<b>Y</b>	<b>N</b>	<b>NA</b>
a) Properly erected and supervised by competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scaffolding tied to structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Scaffolding plumb, with cross bracing in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fully planked with toe boards in place if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Base plates used (no cinder blocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ladder access provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Employees tied-off while working on elevated motorized scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) No riding on rolling scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_



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## Hoists, Cranes and Derricks:

	Y	N	NA
a) Inspections of cables, slings, chains, hooks, eyes by Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Routine and annual inspections and logs maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Power lines deactivated, removed, protected or maintain 10' safe distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Swing radius protected (360 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Load capacity chart on machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Proper hand signals used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Boom Angle Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Proper cribbing and/or mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_  
 \_\_\_\_\_

## Motor Vehicles & Heavy Equipment:

	Y	N	NA
a) Service brakes and trailer brake connections inspected daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Parking brake and service brake operable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Tires, horn, backup alarms, seat belts inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Lights, windshield wipers, defroster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fire Extinguisher in place and fully charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Weights and loads controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Personnel carried safely - seat belts provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_  
 \_\_\_\_\_

## Excavations:

	Y	N	NA
a) Shoring adequate for soil and depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Support system in place for adjacent structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Spoil bank and equipment sufficient distance from excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ladders provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Competent person on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Underground utilities located prior to excavation "call before you dig"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Air samples taken prior to entry in underground tunnels/openings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_  
 \_\_\_\_\_

## Welding and Cutting:

	Y	N	NA
a) Personnel qualified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Screens, shields, goggles, gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Gas cylinder secured in upright position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Electrical equipment grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Valve protection caps in place when gas not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Fire watch provided 30 min. subsequent to welding near flammable/combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_  
 \_\_\_\_\_



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**Concrete and Masonry:**

	Y	N	NA
a) Proper scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Safe hoisting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Masonry walls over 8 ft. braced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Limited Access Zone established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fall protection used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Guard rails on all open floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) All protruded rebar guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Hard hats and safety shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

**Highway/Work Zone:**

	Y	N	NA
a) Competent Flagger's reflective garments, instructed, posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Adequate warning signs and markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Traffic control through construction area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Dust control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Work Zone of Heavy Equipment protected from pedestrians and other traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Equipment inspected daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Back up alarms and horns operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Proper lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

**Fall Protection:**

	Y	N	NA
a) Floor openings and holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Guardrails in place/replaced after each load received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Safety harnesses provided and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Double-locking snap hooks on all Personal Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Floor holes protected/secured/marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Wall openings guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

**Work Practices:**

	Y	N	NA
a) Lifting Correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hard Hats Worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Proper footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ear Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Unusual exposures identified and controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_



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## Health

	Y	N	NA
a) Silica Exposures & Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Lead (Leaded Paint) Exposures & Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Noise (Hearing Conservation) Exposures & Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Asbestos Exposures & Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Hazardous Materials Exposures & Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ergonomics Exposures & Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Confined space procedures & training in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) System in place to notify other contractors of health related hazards, ie asbestos, lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

## Personal Protective Equipment Required & Provided

	Y	N	NA
a) Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Hard Hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 70E arc flash protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional for this inspection:** \_\_\_\_\_

**NOTE:** There may be other situations on your job site that require a competent person. You should tailor this checklist to fit your own work situations/hazards. Thank you.