



# JOBSITE AUDIT

This portion to be completed jointly with AGC safety management 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 Management 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, ladders)
- **Electrical** (e.g., overhead power lines, power tools and cords, outlets, temporary wiring)
- **Struck-by** (e.g., falling objects, vehicles materials)
- **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 Oregon OSHA conducts a Focused Construction Inspection.**



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**Administration:**

- |   | <b>Y</b>                 | <b>N</b>                 | <b>NA</b>                |
|---|--------------------------|--------------------------|--------------------------|
| 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/GHS 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) SDS/MSDS from all subcontractors                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Hazardous chemical list updated for job and SDS access               | <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:**

- |  | <b>Y</b>                 | <b>N</b>                 | <b>NA</b>                |
|--|--------------------------|--------------------------|--------------------------|
| 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:**

- |  | <b>Y</b>                 | <b>N</b>                 | <b>NA</b>                |
|--|--------------------------|--------------------------|--------------------------|
| 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:**

- |   | <b>Y</b>                 | <b>N</b>                 | <b>NA</b>                |
|---|--------------------------|--------------------------|--------------------------|
| a) Proper number of fire extinguishers provided 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"/> |

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



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<b>Electrical:</b>	<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) GFCIs in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) All extension cords are three-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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Tools – Hand and Power:</b>	<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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Stairways and Ladders:</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
a) Inspected by competent person and in good condition	<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 extension 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 inspects ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Competent person conducts ladder safety training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Use of ladder alternatives: stair towers, platform ladders, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Scaffolding:</b>	<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"/>
j) Pick plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Operator certification and qualified for operating crane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## Motor Vehicles and 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) Excavations evaluated daily (and as conditions change) by competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Locates called in two full days prior to excavation and preserved/refreshed as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Non-invasive digging techniques used within 2' of utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Occupied excavations properly shored > 5' (4' in Washington)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Tabulated data on site and readily available to workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Protective systems used in accordance with tab data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Spoils piles are max. 3' high and at least 2' from excavation edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Water removed or diverted as needed from excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Ladder access provided and within 25' of workers in excavations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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<b>Confined Space:</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
a) Involved employees confined space trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Rescue team is on site and prepared for rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Rescue team has practiced a rescue in the last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Rescue team features at least one person certified in first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Confined space entry is done under the supervision of a competent person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Written entry permit or alternate entry permit for each confined space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Adequate forced air ventilation used prior to and during entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Atmosphere tested prior to entry and continuously while occupants are in the space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Gas monitor(s) used within the calibration period and bump tested the day of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Non-entry rescue equipment has been inspected and is in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Welding and Cutting:</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
a) Personnel qualified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Screens, shields, goggles, gloves, and other worker protected from welding hazards	<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) Flashback and/or back flow preventer is installed on gas hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Electrical equipment grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Valve protection caps in place when gas not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Fire watch provided 30 minutes after welding near flammable/combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Concrete and Masonry:</b>	<b>Y</b>	<b>N</b>	<b>NA</b>
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' 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"/>

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



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## Highway/Work Zone:

	Y	N	NA
a) Certified flaggers, 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"/>
g) Rescue plan in place	<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: \_\_\_\_\_

## Health

	Y	N	NA
a) Silica exposures and controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Lead (leaded paint) exposures and controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Noise (hearing conservation) exposures and controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Asbestos exposures and controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Hazardous materials exposures and controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ergonomics exposures and controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) System in place to notify other contractors of health-related hazards – asbestos, lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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**Personal Protective Equipment Required and Provided**

	<b>Y</b>	<b>N</b>	<b>NA</b>
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 the job site requiring a competent person. You should tailor this checklist to fit the work situations/hazards.