

Date:			
Company Name:		Company Contact:	
Project Location:		Project Contact:	

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

This checklist can provide you with the documentation needed to assure that the Safety Auditor 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 Cause 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 in's, 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 ID – OSHA conducts a Focused Construction Inspection.**

**Administration:**

- A. Pre-construction meeting with subcontractors
- B. OSHA poster and other warning signs
- C. Emergency phone number posted
- D. Written Safety Program on site including HazCom Program
- E. Weekly safety meetings documented
- F. MSDS from all subcontractors
- G. Hazardous chemical list updated for job
- H. Competent Person assigned for site
- I. Potable Water/ Flush Toilets

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**First Aid and Emergency:**

- A. First aid kit fully stocked
- B. Employees aware of personnel trained in first aid
- C. Employees aware of emergency procedures

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Housekeeping**

- A. General neat appearance of all work areas
- B. Passageways and walkways clear
- C. No projecting nails and screws
- D. Regular site cleanup and trash disposal
- E. Materials stored / stacked in orderly and safe manner

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Tool, Hand and Power**

- A. Grounding
- B. All guards in place
- C. Tools and cords in good condition
- D. Inspected and maintained

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

### Electrical

- A. Terminal boxes equipped with required covers
- B. GFCI's in place
- C. All extension cords are 3-wire with ground pin in place and in good condition
- D. All electrical tools and machinery have a ground pin in place on power cable
- E. Exposed lighting equipped with protective cage
- F. Adequate Temporary lighting
- G. Minimum 10-foot clearance maintained from high voltage power lines

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

### Stairways and Ladders

- A. Inspected and in good condition by competent person
- B. Properly secured
- C. Siderails extend 36" above the top of landing ext. ladders
- D. Ladder extends 42" above top of landing for step ladders
- E. Guardrails provided for stairway landings
- F. Handrails provided for stairways with four or more risers
- G. Competent person periodically inspects ladders
- H. Competent person conducts ladder safety training

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

### Scaffolding

- A. Properly erected and supervised by competent person
- B. Scaffolding tied to structure
- C. Scaffolding plumb, with cross bracing in place
- D. Fully planked with toe boards in place if required
- E. Base plates used (no cinder blocks)
- F. Ladder access provided
- G. Employees tied-off while working on elevated motorized scaffolding
- H. No riding on rolling scaffolding

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Hoists, Cranes and Derricks**

- A. Inspections of cables, slings, chains, hooks by Competent Person
- B. Routine and annual inspections and logs maintained
- C. Power lines deactivated, removed, protected or maintain 10' safe distance
- D. Swing radius protected (360 degrees)
- E. Load capacity chart on machine
- F. Proper hand signals used
- G. Boom angle indicator
- H. Proper cribbing and/or mats

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Work Practices**

- A. Lifting correctly
- B. Hard Hats worn
- C. Proper footwear
- D. Ear protection
- E. Eye Protection
- F. Covid – 19 PPE
- G. Unusual exposures identified and controlled

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Motor Vehicles and Heavy Equipment**

- A. Service brakes and trailer brake connections inspected daily
- B. Parking brake and service brake operable
- C. Tires, horn, backup alarms, seat belts inspected
- D. Lights, windshield wipers, defroster
- E. Fire extinguisher in place and fully charged
- F. Weights and loads controlled
- G. Personnel carried safely – seat belt provided

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Fire Prevention**

- A. Proper number of Fire Extinguishers provide and charged
- B. "No Smoking" posted and enforced
- C. Combustibles > 10' from building
- D. Approved safety cans for gasoline

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Excavations**

- A. Shoring adequate for soil and depth
- B. Support system in place for adjacent structures
- C. Spoil bank and equipment sufficient distance from excavation
- D. Ladders provided
- E. Competent person on site
- F. Underground utilities located prior to excavation "811 Call Before you Dig"
- G. Air samples taken prior to entry in underground tunnels/openings

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Welding and Cutting**

- A. Personnel qualified
- B. Screens, shields, goggles, gloves
- C. Gas cylinder secured in upright position
- D. Fire Extinguisher
- E. Electrical equipment grounded
- F. Valve protection caps in place when gas not in use
- G. Fire watch provided 30 min. subsequent to welding/cutting near combustibles

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Fall Protection**

- A. Floor opening and holes
- B. Guardrails in place/replaced after each load received
- C. Safety harnesses provided and used
- D. Double-locking snap hooks on all Personal Fall Protection
- E. Floor holes protected/secured/marked
- F. Wall openings guarded

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Concrete and Masonry**

- A. Proper scaffolding
- B. Safe Hoisting equipment
- C. Masonry walls over 8ft. Braced
- D. Limited Access Zone established
- E. Fall Protection used
- F. Guard rails on all open floors
- G. All protruded rebar guarded
- H. Hard hats and safety shoes

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Highway / Work Zone**

- A. Competent Flagger's reflective garments, instructed, posted
- B. Adequate warning signs and markers
- C. Traffic control through construction area
- D. Dust Control
- E. Work Zone of Heavy Equipment protected from pedestrians and traffic
- F. Equipment inspected daily
- G. Back up alarms and horns operational
- H. Proper Lighting

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Health**

- A. Silica Exposures and Controls
- B. Lead (Leaded Paint) Exposures and Controls
- C. Noise (Hearing Conservation) Exposures and Controls
- D. Asbestos Exposures and Controls
- E. Hazardous Materials Exposures and Controls
- F. Ergonomic Exposures and Controls
- G. Confined space Procedures and training in place
- H. System in place to notify other contractors of health-related hazards
- I. Covid – 19 Exposures and Controls

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

- Personal Protective Equipment Required and Provided**
- A. Fall Protection
  - B. Hard Hats
  - C. Hearing Protection
  - D. Eye Protection
  - E. Foot Protection
  - F. Respiratory Protection
  - G. 70E arc flash protection
  - H. Covid – 19 Protection

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional for this Inspection:

**Lifts**

- A. Pre – inspection before work
- B. Utilization of 100% tie off
- C. All Safety alarms and devices are in good working order
- D. All guards are in place
- E. Lift is dry and clear, to include free from debris
- F. Guard rails are in place
- G. Workers are utilizing proper communication system while working
- H. Harnesses, Hard Hat, Safety Glasses, Gloves and Boots

Y	N	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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.