

ARCON Construction & Management Services

JOB SITE HAZARD IDENTIFICATION CHECKLIST

Location: _____ Area: _____

Inspected By: _____ Date: _____

This checklist is to be completed on a scheduled periodic basis at least monthly or as directed by the organization's policy. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for at least one year.

Condition Reviewed	Yes	No	N/A	Date Completed
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Are the following posted on bulletin boards or other appropriate locations?				
OSHA Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Code of Safe Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDS Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workers' Compensation Carrier Notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Phone Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tractor and/or Fork Lift Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are portable fire extinguishers tagged, sealed and in place on brackets, including on any welding carts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are flammable liquids stored in a separate detached building, outside container or in special safety cans or cabinets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all first aid supplies sanitary and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are workers using personal protective equipment properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are aisles and work areas free of trip and fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are floor/roof opening covered securely with "Opening-Do not remove" sign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do light fixtures have clean lenses and operate properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are brakes, lights and horns of mobile equipment operable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are hand and portable powered tools in safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all machine and tool guards kept in place while operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are defective tools tagged and removed from service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are ladders being used/selected properly and tied/blocked where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is material on elevated surfaces stored in a manner to prevent it from becoming a falling or collapsing hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are material lifting devices (hoists, dollies, etc.) being used properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all portable electrical tools grounded or of the double-insulation type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are power cords free of splices or tape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there unobstructed access to electrical panels in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are hazardous material containers labeled or marked to identify the material or hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are potential fall hazard controlled, such as roof or floor perimeters and openings, stairs, trenches, excavations, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<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"/>	