



Pre-Start Up Project Safety Checklist "A"

JOB NAME _____

JOB/CONTRACT # _____ **LOCATION** _____

START DATE _____ **COMPLETED BY** _____

COMPLETION DATE _____ **TODAY'S DATE** _____

JOBSITE/FIELD OFFICE CHECKLIST

	YES	NO	N/A
OSHA/State Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Safety Policy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA 300 Log Posted Feb. 1 – Apr. 30.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Telephone Numbers Posted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit Mounted/Stocked.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haz-Com Program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Management Plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent Person Assignment List.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified First Aid Responder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Forms and Procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST AID

	YES	NO	N/A
Post First Aid Responders Names.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit Checked Weekly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Equipment Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZ-COM PROGRAM

	YES	NO	N/A
Competent Person Assigned/Trained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program On Site.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Trained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS Immediately Available.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Containers Labeled.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE & EMERGENCY ACTION PLAN

	YES	NO	N/A
Plan Formulated and Posted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees Trained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Meeting Location Designated.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUBCONTRACTORS

	YES	NO	N/A
Subcontractors Checklist Used for Each Sub Prior to Starting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor Employees Monitored.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent Must Demand Safety From Subs Everyday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PERSONAL PROTECTIVE EQUIPMENT	YES	NO	N/A
Competent Person Assign/Trained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Hats Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Shields.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Warning Vests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respirators – (Follow Program).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other PPE As Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY MEETINGS	YES	NO	N/A
Conducted by Superintendent or Highest Ranking Supervisor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare Ahead For Efficient Meeting, Encourage Participation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Employees Attendance Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Employees Sign Sheet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JOBSITE SAFETY INSPECTIONS	YES	NO	N/A
Conducted By Superintendent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deficiencies Corrected ASAP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly Reports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTOR VEHICLES	YES	NO	N/A
Operators Checked For Valid License.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comply With State & Employer Motor Vehicle Policy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent Responsible For Job Trucks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Requirements for Operators/Vehicles > 10,001 lbs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL ISSUES/IDEM RULE 5	YES	NO	N/A
Storm Water Pollution Prevention Plan Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify Means Of Erosion Control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign Individual(s) For Periodic Check & Maintenance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign Individual(s) To Check After Major Weather Events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer

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