

JOB SITE SAFETY AND QUALITY PERFORMANCE AUDIT

Instructions: Indicate OK or Needs Focus. Add total score and note on form. Evaluations will be done at random on every jobsite at least quarterly. Full cooperation is required. Scores will be referenced in Performance Reviews.

Evaluation Done By: _____ Date: _____

Job Site: _____ Super/ Lead: _____

SCORE: _____ (add "OK's" and multiply times [2.04]; 100% Possible)

Program Element	OK	Needs Focus
1. All specified Personal Protective Equipment worn by crews	___	___
2. Pre-job Tasks:		
• Contractor/ sub-contractor meetings established and held weekly	___	___
• COI's received and pre-qualifications accepted	___	___
• Job PPE established	___	___
• Communication established for safety related issues on jobsite	___	___
• JSAs and respective evaluations done pre-job	___	___
• Crew PRE-TRAINED in JSAs and safety programs	___	___
3. Safety Pre-planning done for all upcoming tasks/ needed equipment to perform task safely on-hand when needed	___	___
4. Competent persons established and onsite when needed	___	___
5. Traffic control plan established and updated continually	___	___
6. Overall Jobsite appearance, and security	___	___
7. All P/Ms on gear current:		
• Forklifts	___	___
• Slings, winches, ropes, rigging components	___	___
• Cranes	___	___
• Aerial Lifts	___	___
• Diving gear	___	___
• Trucks	___	___
• Boats, barges, and gear	___	___
• Heavy Equipment	___	___
• Ladders	___	___
• Scaffolds	___	___
• Hand Tools and electrical components	___	___

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| 8. Crews highly visible | ___ | ___ |
| 9. There is nothing (tools; training, equipment; safety gear, etc) that is hindering satisfactory performance, or progress of the project. | ___ | ___ |
| 10. Adequate lighting (all hours) | ___ | ___ |
| 11. Workers staying off equipment; no riders; people out of blind spots and from under loads | ___ | ___ |
| 12. Fall protection plan in place for job, updated continually | ___ | ___ |
| 13. Water safety plan in place and followed | ___ | ___ |
| 14. Scaffold/ ladder safety procedures followed; coordinated with fall plan | ___ | ___ |
| 15. Equipment operated safely (Heavy equipment, aerial lifts, cranes, etc.) | ___ | ___ |
| 16. Confined Space Procedures followed | ___ | ___ |
| 17. Hot work procedures followed | ___ | ___ |
| 18. Crane safety program followed | ___ | ___ |
| 19. Trenching/ Shoring Program followed | ___ | ___ |
| 20. Lockout procedures followed | ___ | ___ |
| 21. Diving program followed | ___ | ___ |
| 22. Restraints used on equipment | ___ | ___ |
| 23. ONLY trained, certified, authorized staff using equipment | ___ | ___ |
| 24. Equipment and tools maintained, well cared for and not abused | ___ | ___ |
| 25. Equipment pre-checked prior to use for safety and proper function | ___ | ___ |
| 26. Emergency gear in vehicles, and on jobsite (Fire ext., First Aid) | ___ | ___ |
| 27. Back-up alarms good | ___ | ___ |
| 28. Safety programs, SDSs, JSAs available to all | ___ | ___ |
| 29. Site organized, walkways and restricted access areas established | ___ | ___ |
| 30. First Aid Staff onsite; local EMS and clinic established for use; 801's, Incident Investigation, & RTW forms ready for use | ___ | ___ |
| 31. Weekly Safety walkthroughs and meetings with documentation | ___ | ___ |
| 32. Labor/OSHA and other posters up | ___ | ___ |
| 33. Weekly safety-Sub/Prime Safety meetings held | ___ | ___ |
| 34. JSA Evaluations done and employees held accountable to job Requirements | ___ | ___ |