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| **Foreman Daily Safety Review Form** |
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| **Date of Report** |       |
| **Project Name** |       |

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| **Subcontractor Name** |       |
| **Subcontractor Trade** |       |
| **Project Foreman (Completed by)** |       |
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| **Item #** | **Safety Review & Assessment List** | **Rating****(Yes), (No), (N/A)****Checkmark** | **Action Required Checkmark** |
| **1** | **Have all new employees arriving on site today, completed New Employee Orientation and administrative requirements?** | **Yes [ ]  No [ ]**  | **[ ]**  |
| **2** | **Have Daily Safety Briefing and/or JHA for all of today’s operations been completed and submitted to GC/CM?** | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **2a** | * **Has Daily Safety Briefing been reviewed with each member of the work crew and signed by all crew members?**
 | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **2b** | * **Have you reviewed JHA with new employees arriving on site regarding operation/task they are assigned to?**
 | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **3** | **Are any new operations/tasks, expected to occur on the project within the next 7 workdays?** | **Yes [ ]  No [ ]**  | **[ ]**  |
| **3a** | * **Have you informed the GC/CM assigned Superintendent of the new operations/tasks that will be occurring within the next 7 workdays?**
 | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **3b** | * **Has a JHA been completed and submitted for any new operations/tasks to the GC/CM Superintendent?**
 | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **3c** | * **Have you notified the GC/CM of all required Competent Person(s) you oversee?**
 | **Yes [ ]  No [ ]**  | **[ ]**  |
| **4** | **Have all crews performing Hot Work-related activities obtained the required Hot Works Permit from GC/CM?** | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **4a** | * **Has a qualified fire watch been assigned to the Hot Work Activity for the day?**
 | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **4b** | * **Are all fire watch equipped with inspected and serviceable fire extinguishers located at the hot work location?**
 | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **4c** | * **Identify missing or damaged equipment and location**
 |       | **[ ]**  |
| **5** | **Has any worker on your crew reported or sustained a work-related incident from the prior day?** | **Yes [ ]  No [ ]  N/A [ ]**  | **[ ]**  |
| **5a** | * **If Yes, provide name of injured worker and extent of the injury**
 |       | **[ ]**  |
| **5b** | * **If yes, have you discussed and reviewed details associated with the incident(s) with GC/CM?**
 | **Yes [ ]  No [ ]**  | **[ ]**  |
| **6** | **Has assigned Competent Person(s) for your excavations/trenches completed required inspections related to shoring, sloping of soil, ladder access, air monitoring etc., and required measures are in place per OSHA excavation safety standards?** | Yes [ ]  No [ ]  N/A **[ ]**  | **[ ]**  |
| **6a** | * **Has a Competent Person been assigned for all excavation activities?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **6b** | * **List names of assigned Competent Person(s) for each activity / operation**
 |       | **[ ]**  |
| **7** | **If operations/tasks involve Fall from Higher Level exposures, have you observed the operation(s) to ensure workers are protected from falls (i.e., guardrails, safety nets etc.) and where required, equipped with and utilizing appropriate PFAS?** | Yes [ ]  No [ ]   | **[ ]**  |
| **8** | **If operations/tasks require removal of installed guardrail or safety cable protection, has confirmation been made that the removed guardrail or safety cable has been properly restored when work activity has stopped?** | Yes [ ]  No [ ]  N/A **[ ]**  | **[ ]**  |
| **8a** | * **If required, have you requested and acquired the appropriate fall protection removal/alteration permit(s) from the GC/CM?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **9** | **Have ladders in use been inspected to ensure workers are using the appropriate ladder(s) for the task and ladders are being utilized properly (i.e. “A” frame ladder in open position, proper height of ladder, worker not standing on top or second to top rung of ladder)** | Yes [ ]  No [ ]  N/A **[ ]**  | **[ ]**  |
| **10** | **Scaffold systems have been inspected to ensure assigned Competent Person (CP) are completing required daily pre-shift inspections and scaffold(s) are appropriately tagged by CP based on working condition.** | Yes [ ]  No [ ]  N/A **[ ]**  | **[ ]**  |
| **10a** | * **Observed scaffolds are erected properly to include but not limited to: frames supported on solid surface, cross bracing installed on open sides, proper access provided, platforms fully planked, and guardrails installed.**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **10b** | * **List identified scaffold safety issues including location and responsible contractor.**
 |       | **[ ]**  |
| **11** | **Is any overhead work taking place above your work crews?** | Yes [ ]  No [ ]  N/A **[ ]**  | **[ ]**  |
| **11a** | * **If yes, have you coordinated work activity with contractor(s) performing work to ensure necessary safety measures are in place to protect workers below?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **12** | **Does your work activity involve rigging operations?** | Yes [ ]  No [ ]   | **[ ]**  |
| **12a** | * **If yes, has qualified rigger been assigned to the operation?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **12b** | * **Has proper selection of rigging equipment and inspection of equipment to been completed**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **13** | **Do operations involve the use of cranes?** | Yes [ ]  No [ ]   | **[ ]**  |
| **13a** | * **Have all necessary permits been obtained?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **13b** | * **Are cranes set up and operating as per approved drawings/specifications and manufacturer requirements?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **13c** | * **Have wind speeds for the day been determined and are cranes complying with manufacturer and/or engineers safety requirements?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **14** | **Electrical cords and tools have been inspected to identified damage to protective shields exposing energized components?** | Yes [ ]  No [ ]  N/A **[ ]**  | **[ ]**  |
| **14a** | * **If damage was identified, equipment was taken out of service until repaired or replaced?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **14b** | * **GFCI are utilized with all electrical tools and cords?**
 | Yes [ ]  No [ ]   | **[ ]**  |
| **15** | **During your walk through, was housekeeping noted to be acceptable or was there accumulated debris or cluttered material to be addressed. (Acceptable – Unacceptable)** |       | **[ ]**  |
| **15a** | * **What actions were taken to address unacceptable observations?**
 |       | **[ ]**  |
| **16** | **If you have activities that may generate potential Silica, have you implemented a Silica Control plan to include safe work practices and respiratory protection program?** | Yes [ ]  No [ ]  N/A **[ ]**  | **[ ]**  |

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| **Overall Assessment and Comments** |       |
| **Progress Photos (if applicable)** |  |  |  |

 ***See below for any recommended corrective actions***

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| **Safety Related Issues/Concerns Identified** | **Reviewed with responsible crew?****Checkmark** | **Completed****Yes / No****Checkmark** | **Date Completed** |
| **Task / Operation**       | **Yes [ ]  No [ ]  N/A [ ]**  | **Yes [ ]  No [ ]**  |       |
| **Safety Related Issues/Concerns**       |
| **Corrective Actions Taken**       |
| **Photos**  |
|  |
| **Safety Related Issues/Concerns Identified** | **Reviewed with responsible crew?****Checkmark** | **Completed****Yes / No****Checkmark** | **Date Completed** |
| **Task / Operation**       | **Yes [ ]  No [ ]  N/A [ ]**  | **Yes [ ]  No [ ]**  |       |
| **Safety Related Issues/Concerns**       |
| **Corrective Actions Taken**       |
| **Photos**  |
|  |
| **Safety Related Issues/Concerns Identified** | **Reviewed with responsible crew?****Checkmark** | **Completed****Yes / No****Checkmark** | **Date Completed** |
| **Task / Operation**       | **Yes [ ]  No [ ]  N/A [ ]**  | **Yes [ ]  No [ ]**  |       |
| **Safety Related Issues/Concerns**       |
| **Corrective Actions Taken**       |
| **Photos**  |
|  |
| **Safety Related Issues/Concerns Identified** | **Reviewed with responsible crew?****Checkmark** | **Completed****Yes / No****Checkmark** | **Date Completed** |
| **Task / Operation**       | Yes [ ]  No [ ]  N/A **[ ]**  | Yes [ ]  No [ ]  |       |
| **Safety Related Issues/Concerns**       |
| **Corrective Actions Taken**       |
| **Photos**  |
|  |
| **Safety Related Issues/Concerns Identified** | **Reviewed with responsible crew?****Checkmark** | **Completed****Yes / No****Checkmark** | **Date Completed** |
| **Task / Operation**       | Yes [ ]  No [ ]  N/A **[ ]**  | Yes [ ]  No [ ]  |       |
| **Safety Related Issues/Concerns**       |
| **Corrective Actions Taken**       |
| **Photos**  |
|  |
| **Safety Related Issues/Concerns Identified** | **Reviewed with responsible crew?****Checkmark** | **Completed****Yes / No****Checkmark** | **Date Completed** |
| **Task / Operation**       | Yes [ ]  No [ ]  N/A **[ ]**  | Yes [ ]  No [ ]  |       |
| **Safety Related Issues/Concerns**       |
| **Corrective Actions Taken**       |
| **Photos**  |
|  |