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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** | | | | | |
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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** | | | | | |
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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** | | | | | |
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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** | | | | | |
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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** | | | | | |
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