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

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| **Project Superintendent (Completed by)** |  |
| **Manager’s Name** |  |
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| **Item #** | **Safety Review & Assessment List** | **Rating**  **(Yes), (No), (N/A)**  **Checkmark** | **Action Required Checkmark** |
| **1** | **Are new subcontractors scheduled to mobilize within 7 – 10 days?** | **Yes  No** |  |
| **1a** | * **If yes, provide name(s) of contractor(s) and trade(s)** |  |  |
| **1b** | * **Has contractor submitted PSSP and JHA’s?** | **Yes  No  N/A** |  |
| **1c** | * **Has a pre-construction safety kickoff meeting to discuss and review PSSP and JHA been scheduled with field management team?** | **Yes  No  N/A** |  |
| **1d** | * **Designated Site Supervisor, Safety Representative and Competent Person assigned as required and on-site for each subcontractor** | **Yes  No  N/A** |  |
| **2** | **Has subcontractors submitted reviewed and signed daily safety briefing report?** | **Yes  No  N/A** |  |
| **2a** | * **If no, provide name(s) of deficient subcontractor(s)** |  |  |
| **3** | **Have any supervised contractors experienced a work-related accident during the prior day’s work?** | **Yes  No  N/A** |  |
| **3a** | * **If yes, have you discussed and reviewed details associated with the incident(s) (Explain)?** |  |  |
| **4** | **Will assigned contractors within the next week, be performing any new unique or high hazard activities requiring specific JHA (i.e. major crane pick, confined space, deep excavation/trench, fall exposure operation, work inside shafts)?** | **Yes  No  N/A** |  |
| **4a** | * **If yes, explain details of specific operation(s) that will be performed.** |  |  |
| **4b** | **Has the responsible contractor submitted JHA for review and has a pre-construction kick off meeting with the contractor been scheduled to discuss and review JHA?** | **Yes  No  N/A** |  |
| **5** | **Were fall related exposures (i.e., shaft openings, leading edges, floor openings, guardrail systems, scaffolding, ladders) observed to ensure appropriate safety measures are in place?** | Yes  No  N/A |  |
| **5a** | **List identified fall related exposures, location, responsible contractor and corrective actions taken.** |  |  |
| **6** | **Confirmation is made that new employees assigned to contractor operations have received required new employee orientation.** | Yes  No  N/A |  |
| **7** | **Have you inspected and / or verified that assigned Competent Person(s) for excavation/trenches has 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 |  |
| **8** | **If oversight involves crane related operations, have you reviewed crane set up and hoisting related activities to ensure crane operations are safe to facilitate the lifts and that lifts are within safe rated capacities of the crane(s)?** | Yes  No  N/A |  |
| **9** | **Have you inspected or verified that rigging equipment in-use has been properly inspected ensuring rigging is damage free and workers are utilizing the appropriate rigging equipment for the loads being hoisted?** | Yes  No  N/A |  |
| **10** | **Has observation of overhead operations been performed to ensure; no work activity or workers entering area below the overhead operation is taking place?** | Yes  No  N/A |  |
| **11** | **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 |  |
| **12** | **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 |  |
| **12a** | * **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  N/A |  |
| **12b** | * **List identified scaffold safety issues including location and responsible contractor.** |  |  |
| **13** | **Have you, during this week, personally attended at least one (1) daily safety briefing meeting with one of your assigned subcontractors?** | Yes  No  N/A |  |
| **13a** | * **Provide the name and trade of the subcontractor daily safety briefing you attended.** |  |  |
| **14** | **If subcontractors you oversee are engaged in hot work activities (i.e. welding, cutting, grinding, burning); have you confirmed required hot work permits have been obtained and required fire watch with fully charged fire extinguishers are in place?** | Yes  No  N/A |  |
| **15** | **During your daily walk through, electrical systems /activities have been observed to ensure all energized systems are properly protected? Observations include but not limited to; energized electrical closest locked to unauthorized personnel, electrical panel boxes not exposing any energized components, damaged electrical cords removed, lock out tag/out procedures in place, GFCIs in use.** | Yes  No  N/A |  |
| **15a** | * **Temporary lighting in place and serviceable. Lighting noted to be proper level of illumination for task areas, all bulbs and bulb cages are in place and lighting cables are elevated and not located in pinch points** | Yes  No  N/A |  |
| **15b** | * **Please identify any identified electrical safety issues and actions taken to address the exposure.** |  |  |
| **16** | **During walk through, was housekeeping noted to be acceptable or was there accumulated debris or cluttered material to be addressed. (Acceptable – Unacceptable)** |  |  |
| **16a** | * **What actions were taken to address unacceptable observations?** |  |  |
| **17** | **All required emergency routes are free of obstructions and exits as well as related signing and lighting are maintained** | Yes  No  N/A |  |
| **18** | **Daily inspections of work zone(s) (if applicable) are completed and documented with discrepancies corrected immediately** | Yes  No  N/A |  |
| **19** | **Subcontractors whose activities may generate potential Silica, have Silica Control plan in place to include safe work practices and respiratory protection program** | Yes  No  N/A |  |
| **20** | **Have you completed daily safety walk through of your assigned contractor work operations?** | Yes  No |  |

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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 contractor?**  **Checkmark** | | **Completed**  **Yes / No**  **Checkmark** | | **Date Completed** |
| **Responsible Contractor** | **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 contractor?**  **Checkmark** | | **Completed**  **Yes / No**  **Checkmark** | | **Date Completed** |
| **Responsible Contractor** | **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 contractor?**  **Checkmark** | | **Completed**  **Yes / No**  **Checkmark** | | **Date Completed** |
| **Responsible Contractor** | **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 contractor?**  **Checkmark** | | **Completed**  **Yes / No**  **Checkmark** | **Date Completed** |
| **Responsible Contractor** | | Yes  No  N/A | | Yes  No |  |
| **Safety Related Issues/Concerns** | | | | | |
| **Corrective Actions Taken** | | | | | |
| **Photos** | | | | | |
|  | | | | | |
| **Safety Related Issues/Concerns Identified** | | **Reviewed with responsible contractor?**  **Checkmark** | | **Completed**  **Yes / No**  **Checkmark** | **Date Completed** |
| **Responsible Contractor** | | Yes  No  N/A | | Yes  No |  |
| **Safety Related Issues/Concerns** | | | | | |
| **Corrective Actions Taken** | | | | | |
| **Photos** | | | | | |
|  | | | | | |
| **Safety Related Issues/Concerns Identified** | | **Reviewed with responsible contractor?**  **Checkmark** | | **Completed**  **Yes / No**  **Checkmark** | **Date Completed** |
| **Responsible Contractor** | | Yes  No  N/A | | Yes  No |  |
| **Safety Related Issues/Concerns** | | | | | |
| **Corrective Actions Taken** | | | | | |
| **Photos** | | | | | |
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