Pre-Construction Work Safety Checklist

JOB SITE INFORMATION			
Manager(s)	Time/Date		
Supervisor(s)	Location		
Cupe: visor(s)			
SAFETY REPRESENTATIVES			
☐ Health and Safety representative required Name		Phone _	
☐ Joint Health and Safety Committee Name required		Phone _	
HEALTH AND SAFETY MANAGEMENT			
Does the program address the following key elements?			
Management commitment and expectations		□ Yes	□ No
Employee participation		☐ Yes	□ No
 Accountabilities and responsibilities for managers, s 	upervisors, and employees	☐ Yes	□ No
Resources for meeting health and safety requireme	•	☐ Yes	□ No
Hazard recognition and control		☐ Yes	□ No
All applicable legislative requirements		☐ Yes	□ No
Continuous improvement – corrective and preventation	ive actions	☐ Yes	□ No
Does the program satisfy your responsibility under the la	aw for:		
 Ensuring your employees follow the safety rules? 		☐ Yes	□ No
 Advising owner of any unique hazards presented by of any hazards found by the contractor? 	the contractor's work and	☐ Yes	□ No
Does the program include work practices and procedure	s such as:		
Waste disposal?		☐ Yes	□ No
Vehicle safety?		☐ Yes	□ No
Utilities/locates?		☐ Yes	□ No
Traffic control?		☐ Yes	□ No
 Powered industrial vehicles (cranes, forklifts, etc.)? 		☐ Yes	□ No
 Portable power tools? 		☐ Yes	□ No
Personal protective equipment?		☐ Yes	□ No
 Musculoskeletal Disorders (MSD) prevention? 		☐ Yes	□ No
Housekeeping?		☐ Yes	□ No
Heat stress?		☐ Yes	□ No
Hazard communication and unsafe condition reporti	ng?	☐ Yes	□ No
Fall protection?		☐ Yes	□ No
Excavation and trenching?		☐ Yes	□ No
 Equipment lock out and tag out (LOTO)? 		☐ Yes	□ No
 Emergency preparedness, including evacuation plan 	n?	☐ Yes	□ No
Electrical equipment grounding assurance?		☐ Yes	□ No
Designated substances?		☐ Yes	□ No
Confined space entry?		☐ Yes	□ No
Chemical hazards (WHMIS)		☐ Yes	□ No
Back injury prevention?		☐ Yes	□ No

HEALTH AND SAFETY MANAGEMENT (CONTINUED)		
Equipment and Materials		
 Do you maintain the applicable inspection and maintenance certification records for operating equipment? 	☐ Yes	□ No
 Do you conduct inspections on operating equipment such as cranes, forklifts, etc. in compliance with regulatory requirements? 	□ Yes	□ No
 Do you have a system for establishing applicable health and safety specifications for acquisition of materials and equipment? 	☐ Yes	□ No
 Do you maintain operating equipment in compliance with regulatory requirements? 	□ Yes	□ No
Personal Protective Equipment		
 Is necessary personal protective equipment provided for employees? 	☐ Yes	□ No
 Does your program assure the protective equipment is inspected and maintained as per the manufacturer's recommendations? 	☐ Yes	□ No
Corrective and preventative actions		
Do you conduct workplace health and safety inspections?	☐ Yes	□ No
 Do you have a system for addressing regulatory noncompliance? 	☐ Yes	□ No
 Are corrective and preventative actions documented? 	☐ Yes	□ No
 Do you investigate accidents, injuries, and illnesses? 	☐ Yes	□ No
Do you hold site health and safety meetings? If yes, what are the frequency of these meetings?		□ No
Are these health and safety meetings documented?	☐ Yes	□ No
HEALTH AND SAFETY TRAINING		
Health and safety orientation:		
 Do you have a H&S orientation program for new hires and promotions? 	☐ Yes	□ No
 Does this program provide instruction on the following? 		
 Accident, illness and injury investigation 	☐ Yes	□ No
 Emergency procedures 	☐ Yes	□ No
 First aid procedures 	☐ Yes	□ No
 Toolbox meetings 	☐ Yes	□ No
 Hazard communication 	☐ Yes	□ No
 Safe work practices 	☐ Yes	□ No
 Safety intervention 	☐ Yes	□ No
 Safety supervision 	□ Yes	□ No
 Legislative requirements 	□ Yes	□ No
 Fire protection and prevention 	□ Yes	□ No
Training records:		
 Do you have health and safety training requirements for your employees? 	☐ Yes	□ No
Do you have training records?	□ Yes	□ No

ON-SITE DOCUMENTATION

You are required to provide on-site documentation. The Project Manager will verify the following during the initial site visit:

- WSIB poster "In Case of Injury"
- Health and safety meeting minutes
- Occupational Health and Safety Act (copy)
- Ministry of Labour inspection reports
- Accidental/Incident investigation reports

- City's Code of Conduct Policy
- Workplace inspections/audits
- Registration of contractors and employers
- Notice of project
- Health and safety police and program

Received by project manager(s)	
Received by on-site consultant(s)	
We acknowledge our commitment to health and safety.	
Contractor/constructor supervisor signature	