



Appendix A Contractor Pre-Job Safety Review Checklist (Example)

This expires when the project is complete or the scope of the project changes.

Date of work: _____ Time Authorized to Start Work: _____

Contractor Name: _____

Contractor Supervisor: _____ Telephone #: _____ Cell #: _____

University Representative: _____ Telephone #: _____ Cell #: _____

Location of work: _____

Job Description/Scope: _____

1. Check requirements for special procedures, training & necessary permits:

Confined Space Entry	Hot Work	Lock, Tag, and Try (LOTO)	
Excavation/Trenching	Scaffold	Fall Protection	
Aerial Lift	Fork Truck	Crane	
Other: _____			

2. Has job/task instruction and/or training been provided? Yes _____ No (If no, explain): _____

3. Check requirements for Personal Protective Equipment (PPE): Check here if no PPE is necessary.

Safety Glasses w/ Side Shields	Goggles	Face Shield	
Hard Hat	Fall Protection	Steel Toed Work Shoes	
Respirator (specify type & cartridge): _____			
Other: _____			

4. Hazards and Emergency Procedures:

	Yes	No-N/A
Have the requirements for Hazard Communication including contractor SDSs, been reviewed?		
Have all contractor personnel been informed of the hazards associated with this job?		
Have all contractor personnel been informed of emergency procedures based on the location of work to be performed, including location of any emergency equipment?		

Nearest phone (Emergency number 1-911, 1-5555)

Emergency Exit Safety shower/Eyewash station

Identify Assembly Point(s): _____

Additional Instructions: _____

Name (print): _____ Signature: _____
University Representative

Name (print): _____ Signature: _____
Contractor Representative