

**Project Safety and Compliance Summary & Checklist**

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Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Engineer: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_

Construction End Date: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Workforce: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Material List: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## Check Items Reviewed

Yes No N/A Item

Comments

### Project Site - General

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Security fencing, barricades, tape needed?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Controlled access - guards/locks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Project site signage (large/small) required/in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Stormwater permit location posted?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Silt fencing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Storm water curb drains/grate protection?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Traffic management plan?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Pedestrian management plan?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Lighting plan (portable or temporary wired)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Restroom facilities - plumbed or portable?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Safety shower/eyewash required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Cooling area to avoid heat related injuries?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Lunch/break area identified?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Smoking area identified?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. First Aid kit stocked and available?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. MSDS/SDS sheets available on site?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Solid waste containers required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Fire protection equipment in place?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Job trailer/utilities required?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Will concrete work or a washout be necessary?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Other?	

### Procedures

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Tailgate safety meetings/frequency?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Underground utility locates?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Excavation?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Lock out/tag out?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Asbestos?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Hot work?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Confined space?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Utility tunnel access?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Respiratory protection?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Hearing protection?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fall protection?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Spill response?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Hazard Communication?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Personnel lifts?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Heat stress prevention (work/rest regimen)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other?	

Yes	No	N/A	Item	Comments
Equipment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Backhoe?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Trackhoe?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Front-end loader?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Compactor?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. HDPE pipe fusion machine?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Forklift (rough terrain or paved surface model)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Generator(s)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Light banks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Street sweeper?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Dump trucks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Cranes? (notification required)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Cherry pickers/shuttle lift?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Personnel lifts (JLG/Genie/scissor lift)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Pumps?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Heaters?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Trench boxes?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Shoring boards and jacks?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Ladders?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Canopies?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Welding screens?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Other?	
Services				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Asbestos abatement? (notification required)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Sampling/testing for asbestos or lead? (notification)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Underground utility location? (notification required)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Hot taps?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Coring?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Boring or directional drilling?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Electrofusing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Concrete?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Asphalt?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Welding?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Sheet metal?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Compaction testing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Painting or coating?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Radiography and radiography monitoring?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other?	

Yes	No	N/A	Item	Comments
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### Notifications

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Cranes (notice to EHS 72 hours prior to lift)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Roadway closures - Transportation notified?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Sidewalk closures - Transportation notified?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Asbestos abatement (10-day notification)?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Service outages - AggieWorks notified?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. If site is greater than 5 acres (including laydown area), has an Notice of Intent been filed with TCEQ?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Has permit been obtained from TCEQ prior to earthwork?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Has an SWPPP been created and reviewed by EHS?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Has the required signage been posted and in a legible manner?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. If permanent fuel storage for a generator, have EHS and the state been notified?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. If new or replacement transformer installed, has EHS been notified re: secondary containment needs?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. N.O.T. (Notice of Termination) for stormwater permit submitted upon project completion?	

### Personal Protective Equipment

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Hard hat?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Safety glasses?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Hearing protection?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. High visibility vest?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Face shields?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Fall protection harnesses and lanyards?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Flash suits/flame resistant clothing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Dust masks or other respirators?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Protective/specialty clothing?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Other?	

Comments / Notes: