Contractor Pre-Job Safety Review Checklist

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:

<table>
<thead>
<tr>
<th>Confined Space Entry</th>
<th>Hot Work</th>
<th>Lock, Tag, and Try (LOTO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excavation/Trenching</td>
<td>Scaffold</td>
<td>Fall Protection</td>
</tr>
<tr>
<td>Aerial Lift</td>
<td>Fork Truck</td>
<td>Crane</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Safety Glasses w/ Side Shields</th>
<th>Goggles</th>
<th>Face Shield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard Hat</td>
<td>Fall Protection</td>
<td>Steel Toed Work Shoes</td>
</tr>
<tr>
<td>Respirator (specify type &amp; cartridge):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Have the requirements for Hazard Communication including contractor SDSs, been reviewed? Yes N/A
5. Have all contractor personnel been informed of the hazards associated with this job? Yes
6. Have all contractor personnel been informed of the location of the emergency equipment? Yes

Nearest phone (Emergency number 1-911, 1-5555)
Emergency Exit Safety shower/Eyewash station
Identify Assembly Point(s):
________________________________________________________________________________

Additional Instructions:
________________________________________________________________________________

Names (print): _____________________ Signature: _____________________
University Representative

Contractor Safety Program