



### 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:**

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. 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