

Austin Community College

Contractor Pre – Job Checklist

Company Name		Contract P.O. No.
Job Location (Building No.)	Start Date	Stop Date

Job Title

CONTRACTOR: You are required to fully complete the following, including specifying the type of operations, where applicable. You must submit this to the Project Manager before the start of the job or operation. The checklist is to be filled out for all Subcontractors.

PART I: General Safety Checklist

Check any applicable boxes if your operations or subcontractor's operations involve any of the following.

Specify below:

<input type="checkbox"/> 1) Confined Space Entry	<input type="checkbox"/> 5) Lock-Out/Tag-Out
<input type="checkbox"/> 2) Hot Work or Welding	<input type="checkbox"/> 6) Excavation
<input type="checkbox"/> 3) Work on High Voltage Lines	<input type="checkbox"/> 7) Elevated Work Locations (i.e. roof, scaffolding, etc.)
<input type="checkbox"/> 4) Work on Pressurized Pipes or Vessels	<input type="checkbox"/> 8) Explosives

Specify:

Contractor Project Manager Name	Contractor Safety Coordinator	Phone No.
--	--------------------------------------	------------------

9) Operations Generating High Dust Levels

a) Abrasive Blasting

b) Indoor Power Sanding, Grinding or Cutting

c) Other (specify):

10) Asbestos (Identifiable)

<input type="checkbox"/> a) Roofing Materials	<input type="checkbox"/> d) Floor Tiles
<input type="checkbox"/> b) Pipe Lagging	<input type="checkbox"/> e) Excavations Near Insulated Lines
<input type="checkbox"/> c) Boiler Insulation	<input type="checkbox"/> f) Other (specify):

11) Radiation

Specify:

12) High Noise Operations (Over 85 dba's)

a) Abrasive Blasting

b) Power Sanding, Grinding or Cutting, etc.

c) Other (specify):

10) Hazardous Materials

<input type="checkbox"/> a) Carcinogens	<input type="checkbox"/> d) Corrosives
<input type="checkbox"/> b) Solvents	<input type="checkbox"/> e) Other (specify):
<input type="checkbox"/> c) Spray Painting	

14) Work Requiring Air Pollution Permits

a) Operations Using Solvents

b) Spray Painting Operations

c) Abrasive Blasting

d) Other (specify):

15) Work Requiring Hazardous Waste Disposal

Specify:

16) Work Involving Discharges to Storm Drains or Sewers

Specify:

Contractor Pre – Job Checklist

Company Name		Contract P.O. No.
Job Location (Building No.)	Start Date	Stop Date
Job Title		

Part II. Hazardous Substances

Complete the following if your operation will involve the use of hazardous substances.

1. List the trade name of any material containing a hazardous substance which you or subcontractors will be using on the job:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

List additional hazardous substances on a separate sheet and attach.

2. Have you provided the EHS and Insurance Office copies of Material Safety Data Sheets (MSDS) for all of the above?

Yes No

3. Have you provided a copy of your and subcontractors' Hazard Communication Programs (29CFR 1910.1200) to the EHS and Insurance Office?

Yes No

4. Have you provided a copy of your written "Injury and Illness Prevention Program" to EHS and Insurance Office?

Yes No

Part III. Job Specific

List additional Safety or Environmental Concerns

I affirm that the above responses to Parts I, II, and III are to the best of my knowledge, true, accurate, and complete.

NAME (Print)

Signature

Date