

Pre-Construction Safety Review - Outline & Minutes

Project: _____ Job No.: _____

Attended By:

Project Team Member	Position	Name	Position
_____	PM (req'd)	_____	Supt (req'd)
_____		_____	
_____		_____	

A project safety analysis meeting was held on _____. The purpose of this meeting was to discuss project safety conditions, safety requirements, and responsibilities.

The following items were discussed:

GENERAL PROJECT SETUP

- 1) Project Start Up package – PM to obtain at start of project from Corporate Safety
- 2) Designated Project Safety Person – Who has primary responsibility for the safety program on this project? _____
- 3) Occupational Health Clinic / Emergency Hospital Care facility and Dr. interview
 - a) Job Analysis and Return to Work program review
 - b) Substance and Alcohol abuse program review
 - c) Occupational Health
 - d) Emergency Medical Facility _____
 - e) How will this be addressed and by whom? _____
- 4) Employee Assistance Program awareness
 - a) Life Balance Family Support Program
- 5) Thorough review of the Safety Manual
 - a) All Supervisors complete? _____
 - b) A copy of Safety Manual, Crane Manual and Forklift Manual on site for reference? _____
- 6) OSHA considerations:
 - a) A copy of OSHA CFR and State OSHA regulations on site? _____
 - b) OSHA inspection documentation notice – Complete and forward this form to Operating Group Safety Director immediately after the inspection
 - c) OSHA Consultation Services – planned for project? _____

7) Project signage/postings:

- a) OSHA and mandatory postings _____
- b) OSHA 300 Log _____
- c) Employee bulletin board _____
- d) Warning signage _____
- e) Company signage _____
- i) Signage plan - Description

- f) How will this be addressed and by whom? _____

8) Right-To-Know / Hazard Communication:

- a) Right-to-Know Manual in Start Up Package
- b) New employees must sign in at log in front of manual
- c) Project specific SDS by General Contractor and Subcontractors
- d) Hazard Communication center location? _____
- e) All containers are labeled? _____
- f) How will this be addressed and by whom? _____

9) First Aid / CPR:

- a) First Aid kits
- b) Gang box First Aid kits
- c) Trauma kit (grab bag)
- d) Bloodborne pathogens – prevention kits and clean up kits
- e) Do all supervisors have current First Aid / CPR training? _____
- f) List of First Aid / CPR trained Subcontractor personnel
- g) Crane Stretcher Needed?

PROJECT-SPECIFIC GENERAL CONDITIONS

- 10) Survey of existing conditions for existing hazards - How will this be addressed, when, and by whom? _____
- 11) Temporary fencing - How will this be addressed and by whom? _____
- 12) Security - How will this be addressed and by whom? _____
- 13) Temporary toilets - How will this be addressed and by whom? _____
- 14) Drinking water - How will this be addressed and by whom? _____
- 15) Temporary water - How will this be addressed and by whom? _____
- 16) Temporary lighting - How will this be addressed and by whom? _____
- 17) Temporary electrical power / GFCI - How will this be addressed and by whom?

- 18) Temporary stairs, gang ladders, ramps, railings, floor opening covers - How will this be addressed and by whom? _____
- 19) Housekeeping and disposal of waste - How will this be addressed and by whom?

- 20) Disposal of hazardous material - How will this be addressed and by whom?

- 21) Ice/snow removal - How will this be addressed and by whom? _____
- 22) Traffic control - How will this be addressed and by whom? _____
- 23) Temporary weather protection - How will this be addressed and by whom? _____
- 24) Parking - How will this be addressed and by whom? _____

EMERGENCY PREPAREDNESS

25) Emergency Action Plan:

- a) Emergency Plan development and implementation
- b) Escape route and procedures for emergencies and evacuations
- c) Procedure to account for all employees
- d) Rescue and medical duties and who will perform First Aid/CPR
- e) Preferred means to report fire and other emergencies
- f) Provide initial and periodical training for emergency response team
 - i) How will this be communicated / posted?

f)g) Review, maintain and update this plan monthly

g)h) Signage Plan

h)i) Has your location been confirmed on 911's Enhanced System?

i)j) How will this be addressed and by whom?

26) Crisis Management Plan:

a) How will this be addressed and by whom? _____

27) Fire Prevention Plan:

a) Hot Work Permitting with Site Map

b) Fire extinguishers

c) How will this be addressed and by whom? _____

CRITICAL ACTIVITY PLANNING

28) Anticipated High Risk Activities: (High-Risk Activities on projects are those that pose an unusual or added risk from a typical construction project. Identifying High-Risk Activities will allow Operating Group leadership to insure that the appropriate level of resources are focused on the projects to manage those risks. Each Operating Group, through its Safety Leadership Team, must regularly identify their High Risk Activities and determine the additional support and direction necessary to manage these risks. Examples of High Risk Activities are: blasting, precast erection, critical & engineered lifts, demolition, disruption avoidance, environmental, new field operations, public exposure, steel erection, asbestos & lead abatement, unusual scaffolds, or other activities that may not fall under these categories.

a) Crane Operations – Critical & Engineered Lifts _____

b) Steel Erection _____

c) Pre-Cast Erection _____

d) Demolition _____

e) Asbestos or Lead issues _____

f) Other high risk possibilities: public exposure, unique design, site logistics, environmental, unusual labor, new field operations, silica

29) Disruption Avoidance Plan and review

a) What are anticipated DAP issues? _____

b) How will this be addressed and by whom? _____

30) Fall protection

a) Competent Person and Written Fall Protection Plan – 100% above 6'

b) How will this be addressed and by whom? _____

31) Excavations:

a) Underground utilities – State One Call / 3rd party

b) Daily Dig Permits with Site Map

c) How will this be addressed and by whom? _____

32) Permitted operations:

- a) Confined Space Entry
 - i) Must seek advice from Safety Department for air monitors, PPE, retrieval system, respiratory fit testing, employee training, etc.
 - ii) General Contractor or Subcontractor(s)?
- b) Lockout / Tagout
- c) Hot Work
- d) Live Utilities Work Authorization
- e) Excavations – Daily Dig Permits
- f) Powder Actuated Tools
- g) Crane Operations – Critical and Engineered Lift Permits

33) Respiratory Protection:

- a) Voluntary respiratory protection?
- b) Selection of respirator types
- c) Provider for medical qualifications, fit testing and training

EQUIPMENT SAFETY

34) Scaffolding:

- a) Identify Competent Persons, General Contractor & Subcontractor(s)
- b) Any extraordinary scaffold applications? _____
- c) Scaffold inspection procedures? _____
- d) How will this be addressed and by whom? _____

35) Material handling at different elevations? Cranes, forklifts, personnel / material hoists

36) Crane / Hoist:

- a) Annual inspection documentation provided prior to operation and inspection stickers on machine
- b) Quarterly load test on personnel hoists / Tower Cranes and anytime the unit is jumped / raised / reconfigured
- c) Third party inspections for build up cranes, tower cranes and personnel/material hoists
- d) Operator certifications (NCCCO or equal) – HOW MONITORED? _____
- e) Operator daily and periodic inspections and log book in the crane
- f) Load chart posted in cab
- g) Owner's manual in cab
- h) Fire Extinguisher in cab
- i) Rigging properly tagged and written inspection records
- j) Rigger Training (if needed) for Team Members?

k) Qualified Rigger submittal from Subcontractor(s)

l) How will this be addressed and by whom? _____

37) Forklift operator training: Certified (How Monitored?) _____

a) Re-training for all incidents

b) Daily Inspection log on all machines

c) Copy of all operators' cards in project files for particular contractor

PRO-ACTIVE AND REACTIVE SAFETY PLANNING

38) Event reporting:

- a) Accidents, personal injury, property damage, near misses, and recognized hazards
- b) Involving GC, Subs, Owners, Public, or anything associated with the project
- c) Submit the same day
- d) Focus on Near Miss reporting and at-risk behavior Hazard Recognitions
 - i) Goals for the Project for Near Miss / Hazard Recognition reporting?

 - ii) Planned usage of Near Miss / Hazard Recognition reports?

39) The Project Accident / Incident Investigation Team

- a) This team responds to all incidents immediately to determine severity
 - i) Who?
 - (1) _____
 - (2) _____
 - (3) _____
 - (4) _____
- b) Incident analysis and lesson learned published for all serious incidents
- c) How will this be addressed and by whom? _____

40) Daily Pre-Task Planning

- a) Establish Metrics for tracking & reporting
- b) Quality review during site audits and incident review
- c) How will this be addressed and by whom? _____

41) Morning Stretching program (project-wide) – How will this be addressed and by whom (who will lead, where will it take place, what will be discussed)?

42) Team Member Safety Orientations and Re-orientation program:

- a) All personnel (GC, Subs) Orientations. COMMITMENT? _____
(initials)
 - i) Plan for Tracking Re-orientation process _____
- b) Re-Orientation – Safety Violations and at-risk behavior
- c) How will this be addressed and by whom? _____

43) Safety Audits:

- a) By General Contractor & Subcontractors
- b) Metrics for tracking and reporting
- c) Closed out timely (all issues)
- d) How will this be addressed and by whom? _____

44) Site Safety Leadership Team (committee)

- a) Formal schedule and agenda (recommend bi-weekly minimum and monthly maximum)
- b) Team member selection from all contractors & lead by General Contractor
- c) Include OSHA consultation, if applicable
- d) Meeting minutes reviewed and distributed
- e) What is your plan? _____

45) Weekly Tool Box Safety Meetings:

- a) By General Contractor and Subcontractors
- b) Minutes and attendance submitted to General Contractor
- c) Metrics and tracking for reporting
- d) How will this be addressed and by whom? _____

46) Monthly Full Site Safety Meetings

- a) What is your plan?
 - i) Day and Time _____

47) Safety Rewards / Recognition

- a) Project specific timeline / Reward program
- b) What is your plan? _____

48) Subcontractor Pre-Construction Meetings

- a) Safety Submittal Log? (See below)
- b) Competent Person?
- c) How will this be addressed and by whom? _____

49) Obtaining subcontractors safety submittals - How will this be addressed and by whom?

a) Site Specific Safety Plan

i) Who is to review the plan(s)? _____

ii) Timeline for submittal

(1) Pre-construction Meeting

(2) Preparatory Meeting

b) Right-To-Know / Hazard Communication Program

c) SDS pertinent to current project

d) JHA and Pre-Task Plans

e) Hoisting / Equipment plan

f) Name of designated Project Safety Coordinator

g) Name of company Safety Director

h) Emergency contacts and phone numbers, add to Crisis Response Plan

i) Plan for proper disposal of all chemicals and hazardous materials

50) Safety Critical Submittals tracking and review – Who and How will this be addressed?

a) High Risk Activities

51) “Committed at the Top” Workshops: Planned? _____

52) Site Specific Safety Plan:

a) Add these notes to your Site Specific Safety Plan

b) Is the plan in place and approved by Group Safety Director?

53) Any project specific areas to add in Exhibit E?

a) _____

b) _____

c) _____

54) Any issues / hazards / resources not discussed?