



GENERAL CONTRACTORS

Supervisors Job Start Up Checklist

Jobsite: _____

Start Date: _____

End Date: _____

Supervisor's Equipment

	Yes	N/A
Supervisors Kit	<input type="checkbox"/>	<input type="checkbox"/>
Log book	<input type="checkbox"/>	<input type="checkbox"/>
Inspection forms	<input type="checkbox"/>	<input type="checkbox"/>
Safety Talks forms	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Assessment

	Yes	N/A
Completed	<input type="checkbox"/>	<input type="checkbox"/>

Fall Protection

	Yes	N/A
Fall Arrest Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Inspected	<input type="checkbox"/>	<input type="checkbox"/>
Refresher	<input type="checkbox"/>	<input type="checkbox"/>

WHMIS

	Yes	N/A
MSDS	<input type="checkbox"/>	<input type="checkbox"/>
Worker's trained	<input type="checkbox"/>	<input type="checkbox"/>
Refresher	<input type="checkbox"/>	<input type="checkbox"/>
Site Specific Refresher	<input type="checkbox"/>	<input type="checkbox"/>

Seasonal Consideration

	Yes	N/A
Heat	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>
Snow/Ice	<input type="checkbox"/>	<input type="checkbox"/>
High Winds	<input type="checkbox"/>	<input type="checkbox"/>
Sunburn	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____
Other	_____	_____

PPE

	Yes	N/A
Safety Glasses at all times	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>
Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>
Dust mask/Respirator	<input type="checkbox"/>	<input type="checkbox"/>
Live Wire Protection	<input type="checkbox"/>	<input type="checkbox"/>
Hand Protection	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____
Other	_____	_____

Safety Personnel/Committees

	Yes	N/A
H&S Rep	<input type="checkbox"/>	<input type="checkbox"/>
JHSC	<input type="checkbox"/>	<input type="checkbox"/>

Rules

	Yes	N/A
Radios/ipods	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____
Other	_____	_____

Emergency Plan

	Yes	N/A
First Aider	_____	_____
First Aider	_____	_____
Hospital	_____	_____
Muster Station	_____	_____
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
Eyewash	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____

Tools/Equipment

	Yes	N/A
PEWP	<input type="checkbox"/>	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>
Power Actuated Tools	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____
Other	_____	_____

Tasks

	Yes	N/A
Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>
Trenching	<input type="checkbox"/>	<input type="checkbox"/>
Live Wire Work	<input type="checkbox"/>	<input type="checkbox"/>
LOTO	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____
Other	_____	_____

Inspection Books

	Yes	N/A
PEWP	<input type="checkbox"/>	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>
Live Wire Logbook	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____
Other	_____	_____

Comments: _____

Supervisor's Signature: _____