



MOBILIZATION OPTIMIZATION STABILIZATION AND TRAINING

## Pre-Job Conference Safety Checklist

Date \_\_\_\_\_ Job Location \_\_\_\_\_

Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Superintendent \_\_\_\_\_ Foreman \_\_\_\_\_

Job Start Date \_\_\_\_\_ Approximate Duration \_\_\_\_\_

### 1. Work Scope:

Provide a brief description of the Contractor's work scope: \_\_\_\_\_

### 2. Site Specific Conditions:

a. Identify any safety or health issues unique to this project: \_\_\_\_\_

\_\_\_\_\_

b. Identify any special procedures to be followed, or equipment to be used: \_\_\_\_\_

\_\_\_\_\_

c. Identify any unique laws or regulations that apply in addition to Federal or State OSHA, e.g., County, City or other jurisdictional requirements: \_\_\_\_\_

\_\_\_\_\_

### 3. Medical Treatment:

a. Identify the location of a facility where prompt medical services may be obtained in case of serious injury:

Name and Address of facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Contacted: \_\_\_\_\_

Distance From Job: \_\_\_\_\_

b. Are there provisions for first aid treatment at the job-site? \_\_\_\_\_

c. Have provisions been made for emergency medical communications and /or transportation?

\_\_\_\_\_

4. Major Safety and Health Requirements:

Identify the major safety and health requirements for the job-site:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Job-site Safety Committee:

a. Identify the job site committee:

1<sup>st</sup> Shift Contractor Representative \_\_\_\_\_

Labor Representative \_\_\_\_\_

2<sup>nd</sup> Shift Contractor Representative \_\_\_\_\_

Labor Representative \_\_\_\_\_

3<sup>rd</sup> Shift Contractor Representative \_\_\_\_\_

Labor Representative \_\_\_\_\_

b. Identify the role of this committee as it relates to accident prevention: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Will this committee investigate accidents? \_\_\_\_\_

6. Safety Performance Goals:

a. Identify mutually agreeable safety goals: \_\_\_\_\_

\_\_\_\_\_

Lost Time Accidents \_\_\_\_\_

Medical only Accidents \_\_\_\_\_

May be expressed as X number of incidents per month or as incident rate.

The standard formula for incident rate used by OSHA is: 
$$\frac{\text{Number of incidents} \times 200,000}{\text{Man-hours}}$$

b. Identify individuals responsible for reviewing, monitoring and reporting progress of goals:

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Other Topics that may apply

- Fall protection plan, including rescue.
- Competent person for scaffolds
- Respirator program
- Hazard communication (MSDS)
- Safety meetings
- Orientation
- Confined space program
- Lock out, tag out procedures

Signed:

\_\_\_\_\_  
Local Lodge

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Contractor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date