

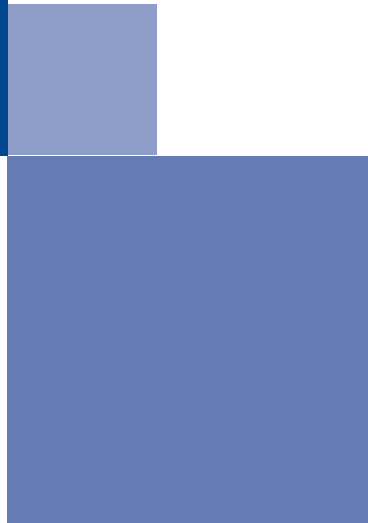


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BUSINESS INSURANCE



**FARMERS**<sup>®</sup>  
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# The Farmers Artisan Contractor's Loss Prevention Program



## Why should you be concerned about controlling losses?

Insurance pays only the obvious costs of an accident. **You pay the hidden costs out of your profits!**

Hidden costs of loss are unrecognized costs such as losses in labor productivity, disrupted schedules, supervisory and administrative time, replacement of damaged material, equipment, and loss of customers - the list goes on and on.

**Hidden costs typically run from four to seven times the cost recovered from insurance.**

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## The Hidden Costs of Accidents

### Direct Costs

- Medical Expenses
- Compensation or Liability Payments
- Property covered by the insurance policy

### Indirect and Hidden Costs of Accidents

- Time lost from work by injured employees
- Lost earning power
- Economic loss to injured employees' family
- Lost time by co-workers
- Lost efficiency
- Lost time by supervisors
- Cost of training a new replacement
- Damage to tools and equipment
- Lost time due to damaged equipment now out of service
- Loss of production
- Failure to complete work or service on time
- Overhead cost (while work was disrupted)

Like an iceberg - hidden costs of accidents are not visible on the surface but are there just the same.

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## Your Safety Program

This program will assist you, as an Artisan Contractor, in establishing or enhancing your own safety program.

Farmers Loss Control Consultants are available to assist you in developing and maintaining a successful safety program. Contact your Farmers Agent for details.

Today, many factors can come between you and operating a successful business. An effective loss prevention program will help you recognize and deal with one of these factors.

To help your safety program be a success, it's critical for you to become actively involved in demonstrating your:

- Expectations
- Commitment
- Involvement
- Follow-up

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## Management of Loss Control

You must believe in and support the loss prevention concept. By developing and endorsing your own safety policy, you show support for a program which requires active involvement of all employees.

An ongoing safety program helps control expenses and enhances your ability to compete. It has to be imbedded into your day-to-day operations. To be effective, it must be more than a program on the shelf. An occasional safety meeting or safety posters on the bulletin board are not enough to stimulate interest.

When management constantly demonstrates a genuine interest in safety, employees will do the same.

### **Have You:**

1. Issued a written safety policy?
2. Allocated realistic time and money for safety issues?
3. Acted promptly on safety recommendations, suggestions and complaints?
4. Followed up to make certain changes were implemented after the decision is made?

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## Communication

The success of your loss prevention program depends on every person in the organization being aware of the safety expectations for their job.

Consistent two-way communication is the key.

### Communication Involves:

- Input from everyone involved in developing your program.
- Feedback to determine the program's effectiveness.

If communication is encouraged and rewarded, more employees will participate.

### Have You:

1. Shared your safety goals with your staff?
2. Communicated what actions are necessary to accomplish these goals? This applies to everyone from the owner, to each job site employee.
3. Trained your employees in safety practices and follow-up? The success of your program depends on your employees' continuous awareness of the value of loss control and how it relates to each employee and your customer's work site.
4. Communicated effectively? Your regular safety meetings should include a discussion of loss prevention activities and responses to your employees' concerns about safety.

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## Claims Expert Response Within 24 Hours

Farmers has always provided excellent claims service to our insureds. In the event of a loss requiring immediate attention, you have the assurance of access to our Claim Service personnel 24-hours a day, seven days a week.

The specialized workers' compensation units are experts in managed care and controlling cost.

Our Property Adjusters are skilled in the handling of losses as routine as a plate glass claim to a catastrophic fire loss. Our Liability Adjusters are experts as well, experienced in working with claims ranging from premises medical payments to multiple defendant class action lawsuits.

Farmers Claims Adjusters are key players on our expert team. They are specialists in property, auto, liability, personal injury, multiple-defendant cases and class action suits. You will have an expert handling your claim. We will also protect you against payment for unfair or inequitable claims that were not intended to be covered by this policy.

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## Contractual Liability

Your business requires you to come in contact with suppliers, customers and the general public. Legally you are responsible for your own actions, and in some instances, those of your employees and subcontractors.

Have all your contractual agreements passed legal review? Risk transfer is an important proactive management practice.

Loss exposure can be reduced or eliminated by transferring liability from you to parties who have more control over the worksite. Successful risk transfer begins with establishing procedures/requirements and monitoring them to see that they are being followed.

### Risk transfer may be accomplished by:

- Developing contract agreements which transfer responsibility from you to your service providers or subcontractors
- Requiring hold harmless provisions in contracts and waivers of subrogation
- Requiring subcontractors to be adequately insured and carry Workers' Compensation Insurance.

Limits of liability are an important consideration, as well as being named as an additional insured on the subcontractor's policy. A monitoring system must be in place to track expiration dates and verify that coverage is renewed or replaced.

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## Employee Selection

### Physical Requirements of the Job

It is becoming increasingly important to develop a written description of the physical requirements for each job. Each employee should be selected according to the particular job requirement and the employee's ability to perform the job adequately and safely.

### Safety Rules

Safety rules in writing will help new employees understand what is expected and how following safety procedures will help protect them from possible injury.

### Have You:

1. Accurately defined the job requirements in your job descriptions?
2. Familiarized all supervisory staff and employees with the job requirements?
3. Checked periodically to make certain there are no lapses in enforcement?

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## Property And Fire Protection

The leading cause of construction losses are electrical system malfunctions and suspicious fires. Heating units and temporary wiring also cause fires.

The wide variety of construction characteristics found in this group require individual evaluation.

High ceilings, large open areas, extensive concealed space, unprotected vertical openings, combustible partitions and communicating openings between floors should be evaluated as they may contribute to the severity of a fire.

Security Patrols are highly desirable as they can detect fire in its incipient stages and expedite notifying fire fighting personnel.

Unprotected concealed spaces have contributed to many catastrophic fires. When large expanses are involved, a fire is able to spread rapidly. Heating and electrical fires originating in these areas escape early detection and can get out of control, prior to discovery. Non-combustible draft stops extending from the roof deck to the ceiling can limit spread of fire.

Circuit breakers should protect all electrical systems. Regular maintenance of all electrical systems should be performed on a regular basis.

Combustible contents should be stored away from HVAC and electrical systems.

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## Public Safety

Despite your best efforts to operate and maintain your properties and job sites, contractors have unique liability exposures.

Life safety in the event of fire or other similar emergency is of utmost concern. Crowded conditions, multilevel structures, diverse customer age groups and large open spaces may cause panic to spread quickly, even if fire/smoke is localized. An effective emergency evacuation plan is a necessity. An adequate number of clearly marked exits are also a must.

The physical characteristics of the building, parking facilities, and surrounding areas under your control are crucial to the safety of people and property.

Public protection from both slips and falls and security hazards is a key factor in evaluating the exterior exposures of construction site. Proper controls to protect the public are needed which may include barricades, lights and securing patrols in certain areas.

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## Training

New employees need to be aware of your loss control goals and practices and your employee benefits and company operations. From day one, show your company is committed to safety and the important part each employee has in keeping the workplace safe.

Review job site rules and quality improvement procedures. Training is incomplete unless it includes both employee and public exposure safety measures. Address ways to avoid damage to equipment and prevent injuries.

### Successful Job Training Includes:

- Identifying and communicate job hazards and controls to your employees.
- Teaching employees the proper way to perform the job.
- Monitoring the employees' performance and compliance with established safety practices.
- Reinforcing positive behavior toward safety.

A Farmers Loss Control Consultant can suggest methods to determine whether employees are performing safely. Controlling these activities will have a positive effect on your operation, your image in the community and to the general public.

### Have You:

1. Developed and implemented job training safety procedures for new as well as seasoned employees?
2. Established controls to check the effectiveness of the training?

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## Site Inspections

Self-inspections increase your opportunities to correct unsafe activities or conditions before a loss. They protect you in at least two ways:

- Identify unsafe work habits/behavior.
- Identify unsafe physical conditions.

### Frequency:

Frequent inspections are vital to make your program effective. Every level of management needs to be continually involved in inspecting their areas of responsibility. They need to review inspection reports and provide feedback as to the thoroughness and usefulness of the report.

### Benefits You Will Receive From an Inspection Program are:

- Fewer interruptions of production - which affects profits.
- Reduced unexpected expenses through reduction in losses or claims.

## **Who Performs Inspections?**

The inspections should be done by the person deemed qualified by virtue of their training and familiarity with the environment.

Usually the Supervisor in charge of the area will perform the inspections.

## **How?**

An inspection form should be developed for each location. The person performing the inspection needs to identify and indicate what unsafe acts/conditions must be corrected. After the correction is made, follow-up is needed to see if that action accomplishes its purpose. A sample self-inspection form is included at the end of this booklet.

## **Formal Inspections**

A formal inspection provides a structured guide to check items that may not be readily apparent. Inspections provide documented evidence of conditions at job sites for management and meet regulatory requirements that steps be taken to identify unsafe acts/conditions.

## **Informal Inspections**

An information inspection is an ongoing visit by a selected experienced person to identify unsafe acts and/or conditions. Informal inspections do not necessarily need to be documented. Informal inspections **Do Not** replace formal inspections.

## **Have You:**

1. Developed a formal inspection checklist? (See sample at end of this booklet )
2. Identified who will be responsible and accountable for the inspections?
3. Determined the frequency of the inspections?
4. Modified your inspection checklist on a regular basis to remain up to date with changes you have made in your operations?

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## Hazard Control

Certain operations are inherently hazardous to both employees and the general public. Examples are:

- Ladder and scaffold use
- Housekeeping
- Temporary wiring use
- Traffic Control

Hazards exist at primary locations and at every job site.

### Have You:

1. Developed a written job plan for each site?
2. Identified hazards and their controls?
3. Determined the changes in hazards as you make changes to your operations?

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## Accident Investigation

Incidents and “near misses” result from unsafe behaviors or conditions and need to be investigated. Seldom are accidents a result of something outside your control.

### Investigation Process

- Obtain information from the employee(s) or injured people involved.
- Survey the conditions at the time of the accident.
- Determine the condition of the equipment or hazard involved.
- Obtain information from witnesses.
- Analyze the information and determine “why” it happened. (i.e., equipment, training).
- Implement corrective measures.
- Report incident as appropriate.

It is extremely important not to place blame because it discourages cooperation.

### Have You:

1. Communicated the accident investigation process and that its purpose is to uncover why the accident happened?
2. Followed through on the recommendations resulting from the investigation to prevent recurrence in the future?

## **Help Is Available**

Management commitment is essential in the development of an effective loss prevention program space. If you need assistance, contact your Farmers Insurance Agent.

Your Farmers Agent will discuss with you how a Loss Control Consultant can help you accomplish your safety goals.

Effective loss control results in a higher level of efficiency, fewer losses and increased profits for your business.

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# Artisan Contractors

## Contractors Self - Inspection Checklist

An essential part of loss prevention is the recognition, removal or correction of hazards before a loss occurs. This checklist serves as a tool to indicate areas needing attention.

A “no” response to any question indicates corrective action may be necessary. This survey form should be completed at least quarterly, and reviewed by management to monitor the loss control program.

### Building and Lot Inspection

- |  | <i>Yes</i>               | <i>No</i>                | <i>N/A</i>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Parking lot clear of potholes and tire stops properly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Walks and ramps clear of debris and properly marked?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Lighting adequate in all areas?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Snow and ice removed on a timely basis ?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Storage

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Building materials and tools stock stored properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

### Housekeeping

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Daily clean up?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Rags picked up and stored in a self-closing metal container and walkways clear of debris?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Inspection prior to leaving the premises to insure electric items are turned off and other potential hazards are checked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Welding and Cutting

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Adequate ventilation provided for any welding, cutting, brazing, sanding or grinding area?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Adequate mechanical ventilation in general shop area?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Personal protective equipment (i.e., safety glasses, respirators, welding mask, safety shoes, and proper clothing) provided and used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Torches and hoses properly connected, checked for deterioration and in good condition (i.e., no deterioration, leaks, kinks, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Oxygen and fuel cylinders property segregated?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Compressed gas cylinders marked, secured and capped?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Tools and Equipment

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Tools returned to their proper place upon task completion or at end of day?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Correct tool(s) being used for work being done?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Portable grinding tools, bench and pedestal grinders properly guarded and tool rest adjusted to within 1/8 inch of the working surface?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Electrically powered equipment and tools double insulated or properly grounded?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Tools (company and individually owned) free of hazardous conditions (i.e., mushroomed chisel heads, cracked or loose hammer handles, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Air compressors properly guarded, maintained, clear of combustibles and well vented?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Vehicles

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Physical protection (i.e., fencing, vehicle stops or chains) provided in lot areas?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Key control - keys kept secure when vehicles are not in use and vehicles kept locked?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Motor vehicle reports checked on each company driver at least once a year?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Personal use of company vehicle prohibited?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Each company owned vehicle maintained regularly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Maintenance performed on each vehicle documented and recorded in each vehicle maintenance file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**Management**

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
1. Hiring procedures include a background check of each employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Training conducted formally (i.e., video tapes, classes, etc.) for all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accountability for loss control procedures being well defined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All accidents investigated to find the root cause of it and “why” it took place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hazardous materials program kept up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Use of personal protective equipment being enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Proper lifting techniques taught to new employees, and reinforced at least annually to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Preventative maintenance program being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. An emergency evacuation plan in place for fire, inclement weather and any other emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This checklist is intended only as a reminder, and is offered solely as a guide to asset management in its responsibility to provide a safer environment. This checklist is not intended to cover all possible hazardous conditions or unsafe acts that may exist. If other unsafe acts or hazardous conditions are noted, corrective action should be taken immediately to correct.

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Inspected by

---

Date

---

Corrections initiated by

---

Date

---

**Housekeeping**

- |  | <i>Yes</i>               | <i>No</i>                | <i>N/A</i>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Debris or scrap cleaned up immediately after it has been created?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assigned place for stock, tools, other equipment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Debris stored away from work areas and not allowed to obstruct stairs, aisles or passageways? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Hazard Communication**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Information pertaining to the Hazard Communication Program in each service vehicle? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Binder containing MSDS for all chemicals used by the service employee?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employees wear personal protective equipment as stipulated on the MSDS?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Employees using the "buddy" system when lifting or carrying heavy or awkward items? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Vehicles**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Vehicles in good conditions?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Employee driving habits monitored for safe driving?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. A certificate of proof of auto insurance in the glove box? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Safety Inspections**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Self-inspection checklist completed on all shifts and regular service sites? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

**Comments:**

Describe specific conditions to be corrected or note if condition was corrected immediately.

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This checklist is intended only as a reminder and is offered solely as a guide to assist management in its responsibility to provide a safer environment. This checklist is not intended to cover all possible hazardous conditions should also be noted and corrective action taken.

---

Inspected by

---

Date

---

Corrections initiated by

---

Date

# Artisan Contractors

## Job Site Safety Inspection Checklist

An effective way to measure the success of **your** safety program is through audits. The checklist must be completed by management or supervisory personnel with authority to make changes.

A “no” response to any question indicates corrective action may be necessary. A high number of “no” responses, or repeated “no” responses, indicates a breakdown in the management of the safety program.

This survey form is structured to be completed for each job site. It should be completed at least monthly.

### Housekeeping

- |  | <i>Yes</i>               | <i>No</i>                | <i>N/A</i>               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Debris or scrap cleaned up immediately after it has been created?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Management set an example by picking up scrap or debris when noticed?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Debris stored away from work areas and not allowed to obstruct stairs, aisles or passageways? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hazardous wastes segregated and stored in approved containers?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Assigned place for stock, tools and other equipment?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Ladders

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Ladders constructed in accordance with commercial standards (ANSI 14.4)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Workers using ladders received safety training in proper use? Training documented?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. One person on the ladder at any one time (unless it is designed for more than one person)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ladders kept out of doorways, passageways and driveways?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ladders inspected weekly by a competent person?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ladders capable of extending at least 36 inches above the roof line?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Personal Protection Equipment

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Protective headgear being worn?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Eye/face protection being worn?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. One person on the ladder at any one time (unless it is designed for more than one person)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hand and body protection being worn?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Proper footwear being worn?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Proper respiratory protection being worn if required?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Workers clothing proper for tasks?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Fall Protection/Scaffolding

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Fall arrest equipment available and being worn when necessary?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Scaffolding constructed properly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Scaffolding being overloaded?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Scaffolding legs on firm or solid ground?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Guardrails installed 42 inches above the platform with midrails between the guardrail and platform? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 4 inch toe boards installed on the platform?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is fall arrest equipment used when it is necessary to remove a guardrail?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Scaffolding inspected before and after each work shift?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Floor, roof, wall, stairway and ramp openings protected?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Confined Space

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Permits required for confined space?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Confined space clearly marked with an access restricted sign? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Proper ventilation in the confined space?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Respiratory equipment being worn at all times?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Electrical

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. GFCI's (Ground Fault Circuit Interrupters) used with all electrical power tools?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Safety training documented?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ladders kept out of doorways, passageways, and driveways?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ladders inspected?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ladders capable of extending at least 36 inches above the roof line?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ladders positioned using the “4 to 1” rules (ladder legs 1 foot from wall for every 4 feet in height)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Light bulbs protected against accidental contact or breakage?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**First Aid**

- |   | <i>Yes</i>               | <i>No</i>                | <i>N/A</i>               |
|---|--------------------------|--------------------------|--------------------------|
| 1. Completely stocked first aid kit at each job site?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Someone certified in lifesaving or first aid available at each job site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Egress**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Job site employees know the location of emergency exits?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tools being used for intended purposes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Personal protective equipment worn based on the equipment used?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lockout/tagout procedures followed when servicing hard wired equipment (including heating and cooling systems)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Fire Protection**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Flammable gases, gasoline, fuel oil, etc., stored in properly marked, approved safety containers away from ignition sources or flames? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

**Site Security/Public Exposure**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Equipment secure from theft and vandalism after working hours?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Access to job site restricted?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Job site well lit at night?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hazardous sites (trenches, scaffolding area) barricaded at all times after working hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Equipment and stock properly secured to prevent blowing around in a windstorm?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Vehicles/Traffic Patterns**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Vehicles maintained in good condition?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Traffic signs, signals, barricades visible to vehicle and pedestrian traffic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. "Controlled" area separates vehicle traffic from employees?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Ergonomics/Lifting**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Employees properly lifting and/or carrying equipment, stock, etc.?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Employees avoid lifting or carrying equipment or stock up or down steps?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Knee pads worn on jobs where kneeling on a floor or the ground is required?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Employees use the "buddy" system when lifting or carrying heavy or awkward items? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Hazard Communication**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Information pertaining to the Hazard Communication Program at site?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Binder containing in MSDS for all chemicals?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employees wear personal protective equipment as stipulated on the MSDS?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Written inventory of the type and quantity of chemicals available in the binder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Employees know the location, and understand the contents of the binder?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

Describe specific conditions to be corrected or note if condition was corrected immediately.

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This checklist is intended only as a reminder and is offered solely as a guide to assist management in its responsibility to provide a safer environment. This checklist is not intended to cover all possible hazardous conditions should also be noted and corrective action taken.

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Inspected by

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Date

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Corrections initiated by

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Date