



JOB NAME	_____		
JOB/CONTRACT #	_____	LOCATION	_____
START DATE	_____	COMPLETED BY	_____
COMPLETION DATE	_____	TODAY'S DATE	_____

JOBSITE/FIELD OFFICE CHECKLIST **YES NO N/A**

OSHA/State Posters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA Standards.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA 300 Log Posted Feb. 1 - Apr. 30.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Telephone Numbers Posted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit Mounted/Stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haz-Com Program,.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Program,.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Management Plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competent Person Assignment List.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified First Aid Responder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Forms and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST AID **YES NO N/A**

Post First Aid Responders Names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit Checked Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Equipment Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAZ-COM PROGRAM **YES NO N/A**

Competent Person Assigned/Trained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program On Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Trained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS Immediately Available.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Containers Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE & EMERGENCY ACTION PLAN **YES NO N/A**

Plan Formulated and Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees Trained.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central Meeting Location Designated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUBCONTRACTORS **YES NO N/A**

Subcontractors Checklist Used for Each Sub Prior to Starting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor Employees Monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent Must Demand Safety From Subs Everyday.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PERSONAL PROTECTIVE EQUIPMENT	YES	NO	N/A
Competent Person Assign/Trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard Hats Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Shields.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Warning Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respirators - (Follow Program).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Other PPE As Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY MEETINGS	YES	NO	N/A
Conducted by Superintendent or Highest Ranking Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare Ahead For Efficient Meeting, Encourage Participation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Employees Attendance Required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Employees Sign Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JOBSITE SAFETY INSPECTIONS	YES	NO	N/A
Conducted By Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deficiencies Corrected ASAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTOR VEIDCLES	YES	NO	N/A
Operators Checked For Vali d License.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comply With State & Employer Motor Vehicle Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superintendent Responsible For Job Trucks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOT Requirements for Operators/Vehicles > 10,001 lbs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL ISSUES/IDEM RULE 5	YES	NO	N/A
Storm Water Pollution Prevention Plan Required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify Means Of Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign Individual(s) For Periodic Check & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign Individual(s) To Check After Major Weather Events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer

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