

Contractor Safety Checklist

Appendix B

Contractor Company Name _____
 Project Start Date _____ Project Completion Date _____
 Project Description _____
 Contractor Project Supervisor _____
 Calvin College Project Manager _____
 Contractor's Competent Person (responsible for safety on the job site) _____

[Note: Mark "Yes" where requirements are applicable and details are discussed. This project discussion must occur before any work begins.]

Yes	No	Requirements	Comments
		1. Certificate of Insurance	
		2. Pre-Qualification Form review	
		3. Contractor check-in log	
		4. Site access	
		5. Parking	
		6. Emergency procedures, signals, evacuation	
		7. Availability and use of college rest rooms and lunch facilities	
		8. Storage facilities & designated areas & housekeeping	
		9. Employee conduct , smoking	
		10. Personal protective equipment (must be supplied by Contractor)	
		11. Chemical/health hazards – MSDS given by each as required (list on bottom of this form)	
		12. Lockout/Tagout procedures of companies involved	
		13. Confined space entry	
		14. Construction site protection, barriers, barricades, fences, security	
		15. State notifications, building permits	
		16. Presence of known site hazards (including asbestos)	
		17. Equipment use	
		18. Cutting, welding, hot work	
		19. Chemical spill control & reporting	
		20. Removal & disposal of excess chemicals and hazardous waste	
		21. Prior approvals required	

If the contractor violates applicable rules and procedures it is subject to loss of the contract. No Calvin equipment may be used by the contractor without prior authorization from the Calvin Project Manager.

All work practices must comply with applicable federal, state and local regulations.

All information discussed above will be communicated to all contract and subcontract employees by the Contractor Project Supervisor prior to the start of work.

General comments: _____

Signatures & Date Signed:

Contractor Project Supervisor _____

Subcontractor Company Supervisor _____

Calvin College Project Manager _____

Calvin College EHOS Officer _____

Other (Name and Title) _____

MSDS for Calvin College owned products provided to the contractor:

MSDS for contractor owned products provided to Calvin College:

Distribution: All persons who have signed document