

Date: _____ EAN Number: _____

Project Name: _____

Prime Contractor: _____

Known Subcontractors:

The information in this form shall be kept up-to-date on a monthly basis at a minimum. In addition, the information shall be used as part of project safety briefings and posted at the job site.

Scope of Work Summary – Include Location(s):

Potential Work Hazards/Concerns Identified (check ALL that apply). Each hazard checked shall be addressed in Job Hazard Analyses (JHAs) .

- | | | |
|--|---|---|
| <input type="checkbox"/> Fall Exposure | <input type="checkbox"/> Traffic Control | <input type="checkbox"/> Scaffolding |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Ladders |
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Crane/Rigging | <input type="checkbox"/> Aerial Lift |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Demolition | <input type="checkbox"/> Airborne Contaminants/Dust |
| <input type="checkbox"/> Hazardous Energy/Lockout-Tagout | <input type="checkbox"/> Protection of the Public | <input type="checkbox"/> High Noise |
| <input type="checkbox"/> Asbestos/Lead | <input type="checkbox"/> Hot Work/Fire Hazard | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Stainless Steel Welding | <input type="checkbox"/> Compressed Gas | <input type="checkbox"/> Silica |
| <input type="checkbox"/> Work Over/Near Water | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Note: Attach any company safety programs, policies, or procedures that will apply to your work at the Port.

Responsible Persons

List onsite Competent Person(s) responsible for monitoring work performed on this project. Note: a “Competent Person” by OSHA definition has the ability to identify hazards and has responsibility and authority to take immediate corrective actions. This includes known subcontractors.

Name:	Competent Area(s):	Training (i.e., OSHA 30, etc.)

A. Personal Protective Equipment (PPE) required for workers at the job site:

<input type="checkbox"/> Hardhat <input type="checkbox"/> Safety Boots <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Personal Floatation Device <input type="checkbox"/> _____	<input type="checkbox"/> High Visibility Clothing <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Welding PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Fall Arrest Gear <input type="checkbox"/> _____ <input type="checkbox"/> _____
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B. Mandatory PPE for visitors to the job site:

<input type="checkbox"/> Hardhat <input type="checkbox"/> Safety Boots <input type="checkbox"/> Personal Floatation Device	<input type="checkbox"/> High Visibility Clothing <input type="checkbox"/> Hearing Protection <input type="checkbox"/> _____	<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Gloves <input type="checkbox"/> _____
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First Aid/CPR/AED

Contractor or subcontractor person(s) trained and current in first aid/CPR/AED. Mandatory for electrical work per NFPA 70E.

Name:	Date Trained:

Safety Data Sheets (formerly MSDS)

List all known or anticipated products that will be brought onsite that require a Safety Data Sheet (SDS).

Product Name: _____ Flammable? Y/N If yes, Port Fire Department will review.

Contractor's Project Manager:

Name: _____ Phone: _____

Contractor's Primary Onsite Safety Contact:

Name: _____ Phone: _____

Worksheet Prepared by:

Name: _____ Title: _____ Date: _____

*****PORT USE ONLY*****

Port CCM/Project Manager:

Name: _____ Phone: _____

Lead Inspector(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Distribution: Safety Department