

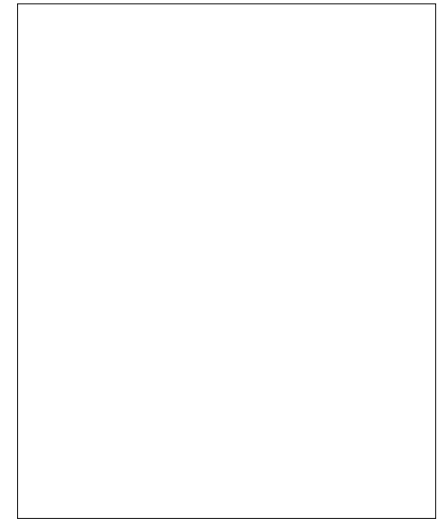
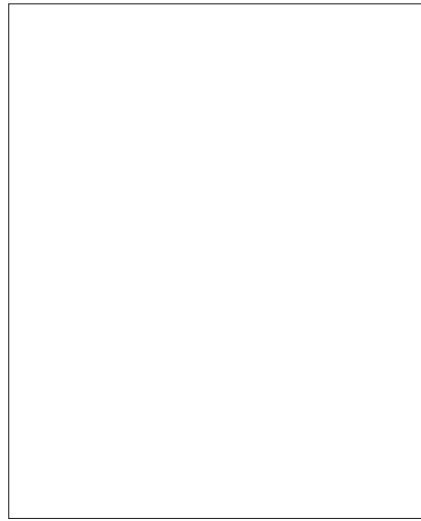
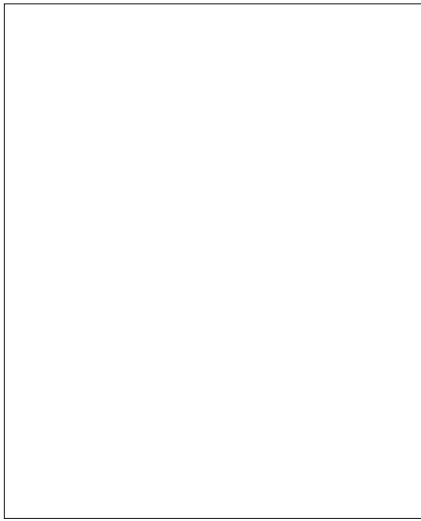
Construction Jobsite Activities Log



Project Information

Project name: _____ Job #: _____ Date: _____ Completed by: _____

Jobsite Photos (Click rectangle to add image):



Project Manager/Foreman/Superintendent: _____ Crews working onsite: _____





Weather/temp: _____






Jobsite conditions (housekeeping, material storage, access to work area, adequate lighting, walking/working surfaces, equipment operating near work area):

Work completed (location [floor, area], materials received, equipment onsite [type, quantity], testing and inspection completed [documented], subcontractor work [details]):

Delays experienced today:

Job Task Steps, Tools and Equipment Utilized	List Key Hazards of Each Task (How could someone get hurt?)	List Controls to Prevent Incidents (How will injuries be prevented?)	Adequate Working Condition?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Hazards of the Job Task		Hazard Controls
	Weather Temperature extremes? Sun Exposure? Ice/Snow? Mud? Wind? Visibility?	<input type="checkbox"/> Water available <input type="checkbox"/> Clear work/walk areas <input type="checkbox"/> Frequent breaks <input type="checkbox"/> Appropriate clothing
	Eye Injury Working around flying particles, debris (dust, metal, etc.)? Tools creating flying debris (chippers, saws, grinders, etc.)?	<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Manufactured guarding in place
	Hand/Arm Injury Working with sharp objects, tools, chemicals? Working around moving parts, crush points? Line of fire risk?	<input type="checkbox"/> Cut level gloves <input type="checkbox"/> No loose clothing <input type="checkbox"/> Watch hand placement <input type="checkbox"/> Safe knife usage
	Slips & Falls Working at 6' or higher? Slippery surface? Working off ladders, scaffolds, aerial lifts? Walking/working paths?	<input type="checkbox"/> 100% Fall Protection <input type="checkbox"/> Designated walking paths <input type="checkbox"/> Guardrails <input type="checkbox"/> Clear walk/work surface <input type="checkbox"/> Ladder secure <input type="checkbox"/> Holes/openings protected <input type="checkbox"/> Warning line on roof

Hazards of the Job Task		Hazard Controls
	Dropped Objects Work done over top of others - material and tools? Working below others? Suspended loads?	<input type="checkbox"/> Tool tethers <input type="checkbox"/> Debris netting <input type="checkbox"/> Toe boards <input type="checkbox"/> Controlled access zone <input type="checkbox"/> Secure tools/materials
	Utilities Contact with live utilities above or below ground (gas, water, electric, data, etc.)?	<input type="checkbox"/> Overhead utilities marked or protected <input type="checkbox"/> Underground utilities located <input type="checkbox"/> Signage in place
	Caught in Between Working between equipment, structure, excavations? Working around moving parts, moving vehicles, swing radius?	<input type="checkbox"/> Stay out of line of fire <input type="checkbox"/> Keep clear pinch points <input type="checkbox"/> Machine guards are in place
	Material Handling Workers lifting, pulling, pushing loads repeatedly? Work done above shoulder or below knee?	<input type="checkbox"/> Stretch in morning and throughout the day <input type="checkbox"/> Mechanical means of lifting materials <input type="checkbox"/> Keep work between shoulder and knee
	Vehicles and Equipment Close to other vehicles? Blind spots, road conditions.	<input type="checkbox"/> Inspection done <input type="checkbox"/> Backup alarms <input type="checkbox"/> Spotters <input type="checkbox"/> Seat belts <input type="checkbox"/> Trained operator <input type="checkbox"/> Wheel chocks

Daily Safety Information

Accidents/Near Misses (i.e. who, what, when, where, why)

Safety Training - Toolbox Talks

Daily Safety Information, Cont.

Additional Jobsite Comments

Empty box for Additional Jobsite Comments.

Supervisor signature: _____ Print and date: _____