



## WEEKLY SAFETY INSPECTION CHECKLIST FOR CONSTRUCTION/RENOVATION SITES



Project: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ COR/Inspector: \_\_\_\_\_

	Hazard Exists (Mark X)		Comments
	Yes	No	
1. Have the construction workers been informed and trained regarding facility ID badges and smoking?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is appropriate signage installed and followed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are hazardous materials properly identified and Material Safety Data Sheets (MSDS) accessible?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is material storage satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is means of egress clear in construction area?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Is the integrity of the fire detection/sprinkler system being maintained?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Are flammables stored in approved containers and properly secured?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Is hot work authorization permit on site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Is there a fire watch during hot work?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Are the construction workers wearing adequate personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Is proper ventilation installed (negative pressure)?	<input type="checkbox"/>	<input type="checkbox"/>	_____

12. Is construction site closed to public thoroughfare?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Are construction partitions and fire/smoke barrier penetrations being maintained?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Are good housekeeping practices being used in construction area and flammable/ combustible loads being kept at a minimum?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Are scaffold handrails installed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Are all points of operation machinery guarded and utilized properly?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Are fire extinguishers available and checked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Is electrical ground on equipment intact?	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Is there evidence of smoking or eating on site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Do the construction workers know the location of medical services, emergency room (ER)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Is the lockout/tag out program in place?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ADDITIONAL NOTES FROM INSPECTION**

# Equipment Requiring Maintenance

Complete this form for each piece of equipment requiring maintenance. The entire package of these forms should be submitted not later than one week after final acceptance of the entire project (final acceptance date is required for the "Acquisition Date" field below).

EQUIPMENT TYPE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

MODEL \_\_\_\_\_

SERIAL NUMBER \_\_\_\_\_

PURCHASE ORDER NUMBER \_\_\_\_\_

TITLE OF CONTRACT \_\_\_\_\_

ACQUISITION METHOD \_\_\_\_\_ Construction

ACQUISITION DATE \_\_\_\_\_

VENDOR \_\_\_\_\_

ASSET VALUE \_\_\_\_\_

LOCATION \_\_\_\_\_

\_\_\_\_\_  
Printed name and signature of the Project Superintendent or Quality Manager, and Date

# Form Completion Guidance

Equipment Type – Common name for the category of equipment: Air Handler Unit, VAV, CV, pump, valve, electrical panel, etc. Every piece of equipment which requires maintenance must have its own form completed.

Manufacturer - Obvious

Model - Obvious

Serial Number - Obvious

Purchase Order Number – a nine character number identifying the contract made between the VA and the prime contractor. The number starts with “654”, then normally either a “C” or a “Z”, then five numbers.

Title of Contract – official contract title (normally use that shown on the plans)

Acquisition Method – should always be “Construction”

Acquisition Date – The date of final acceptance of the entire project.

Vendor – Company name of construction prime contractor and sub contractor installing the equipment. “ABC Construction / XYZ Plumbing”

Asset Value – Cost which the sub contractor paid the supplier of the equipment

Location – Specific room number if available, else identify clearly by other means, perhaps using north, south, east, west in combination with an area if applicable, etc