



SAFETY OFFICIAL

- The designated safety official for on the CF Urea Warehouse Project will be the site foreman followed by all employees employed by the Sub Contractor.

X

Site Foreman

X

Sub Contractor



INDIVIDUAL SIGNAL PERSON'S QUALIFICATION EVALUATION

Date of evaluation:

Name of evaluator:

Name of person being evaluated:

The person named above as being evaluated has successfully completed, an oral or written evaluation and the practical evaluation. This successful completion qualifies this person as a signal person in the fields check marked below.

Hand Signals :

Voice Signals:

Audible Signals:

New Signals:

If subsequent actions by the signal person indicate that the individual does not meet the Qualifications requirements, the employer must not allow the individual to continue working as a signal person until re-training is provided and a re-assessment is made that confirms that the individual meets the Qualification Requirements.

Qualified Rigging Training

Date:

Employee:

Trainer:

The above named employee has successfully completed both the written exam, as well as the practical application test, for entry level rigging.

Rigging components tested

Wire rope slings	use of softeners
Nylon slings	use and application of crosby cable clamps
shackles	working around overhead loads
Tag lines	communication methods
signalman	

The employee also understands that if at any time he is unsure of the actions needed, he will **STOP WORK!!** Until such time as clarification is obtained.

Trainers signature _____

Employees signature _____

BOOM-LIFT INSPECTION CHECKLIST

Make/ Model	Equip. #	Jobsite	Week Ending

ITEMS CHECKED	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
HOURS						
	Initial	Initial	Initial	Initial	Initial	Initial
TIRES						
Tight & No Missing Lug-nuts						
Proper Tire Pressure						
Tires in Good Condition						
STEERING AXLE						
No Cracks or Visible Damage						
No Loose or Missing Parts						
Hydraulic Cylinders Not Leaking						
Hoses & Fittings No Leaks						
FRAME						
No Cracks Or Visible Sign Of Damage						
WHEEL ASSEMBLY						
Axles Extended Properly If Equipped						
HYDRAULIC FLUID						
Level Operable, Fill Cap Secure						
BATTERY						
Secured in Place						
Terminals Tight And Not Corroded						
Electrolyte Levels Okay						
GROUND CONTROLS						
Function Properly Without Sticking						
PLATFORM						
Controls Work Properly W/O Sticking						
Guardrail in Good Repair						
Gate Operates And Locks With Ease						
Emergency Stop Foot Pedal Not Obstructed, Works Properly						
FUEL						
Fuel is Adequate & Cap Secure						
PIVOT AT PLATFORM						
Fittings Tight						
No Leaks in Hoses						
ENGINE						
No Fluid Leaks, Belts in good condition						
Oil & Coolant Checked						
BOOM						
Chain Moves Freely & is in Good Repair, No Fluid Leaks						
Fire Extinguisher						
Is installed in lift, Tagged, Dated, Charged						

Report ALL items in need of repair to your supervisor so that proper maintenance can be performed. Turn in checklist to your supervisor.

-----REPAIRS NEEDED-----USE BACK SIDE IF NEEDED-----	Date Repair



*Metal Building and
Structural
Steel Erection*

Daily Crane Inspection

Crane name/number:	Crane Type:	Crane Capacity:	Date of Inspection:
Location: Roers, project	Hour Meter: Start: _____ Stop: _____		Total Hours Operated:
Operator's Name:		Supervisors Name:	

INSTRUCTIONS: Check all items indicated. Inspect and Indicate as Satisfactory = S, Unsatisfactory = U, or Not Applicable = N/A

Walk Around Inspection	U	S	N/A	Operator Cab Inspection	U	S	N/A
Safety guards and plates				Gauges			
Carrier frame, rotate base				Warning & Indicator Lights			
General hardware				Control/Brakes			
Wire rope				Visibility			
Anti-tubelock				Load Rating Charts			
Block				Safety Devices			
Hook				Emergency Stops			
Sheeves				Boom/Angle/Radius Indicator			
Boom/Jib							
Walks, Ladders, Handrails				Machinery House Inspection	U	S	N/A
Wind Locks, Chocks, Stops				House Keeping			
Tires, Wheels, Tracks				Engine/Compressor			
Leaks - Fuel, Oil, Lube, Water				Leaks - Fuel, Lube, Oil, Water			
Radius Indicator				Lubrication			
Operation Inspection	U	S	N/A	Battery			
Area Safety				Lights			
Unusual Noises				Glass			
Control Action				Clutch/Brake Linings			
Brakes/Boom/Load/Rotate				Warning Tags			
Crane Stability				Fire Extinguisher			
Pads							

DOT log up to date	Y	N	Pre trip inspection for DOT	Y	N
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Comments

Operator's Signature: _____	Print Name: _____
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Date:

Company Name:

1. All parts of the fall protection system and components are to be checked for excessive wear and damage.

1. All parts of the fall protection system and components are to be checked for excessive wear and damage.
2. Use the symbol "Y" for yes or OK.
3. Use the symbol "N" for no or replace.
4. All equipment must be inspected visually before each use and documented on this form at least weekly under continued use or if the system has not been used for thirty days.

[illegible]

ROUGH TERRAIN FORKLIFT INSPECTION CHECKLIST

Make/Model	Equip #	Jobsite	Week Ending

ITEMS CHECKED	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
HOURS						
	INITIALS	INITIALS	INITIALS	INITIALS	INITIALS	INITIALS

TIRES

Tight Wheel Nuts						
Proper tire Pressure						
Tires in Good Condition						

FORKS

No Cracks or Damage						
Centered on Carriage						
Locking Pins Working						

CYLINDERS/ HYDRAULIC LINES

Fluid at Proper Level						
Hydraulic Lines & Hoses Okay						
No damaged or Leaking Cylinders						
Cylinder Mountains Secure						

ENGINE

Air Filter Okay						
Oil Filter Okay						
Proper Oil Level						
Transmission Fluid Okay						
Coolant Level Okay						
No Visible Leaks Under Lift						

HORNS

Backup Signal Sounds						
Horn Works						

BRAKES

Parking Brakes Stops Lift From Moving						
Lift Brakes Work Properly						
Brakes Don't Lock						

STEERING

Steering Wheel Turns While Stopped						
Steering Wheel Turns Smoothly while Moving						

GAUGES/INSTRUMENTS

All Gauges Work Properly						
All Instruments Work Properly						
Horizontal Indicator Works Properly						

Fire Extinguisher

Is installed in lift, Tag is up to date and fire extinguisher is fully charged						
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These Items are to be checked each morning before operating the forklift. Report **ALL** items in need of repair to your supervisor so that proper maintenance can be performed. Turn in checklist to your supervisor at the end of each week.

Repairs Needed----- Continued On Back If Needed-----	Date Reported	Date Repaired

LIGHT VEHICLE INSPECTION REPORT

Check any defective items and give details under remarks

Date: _____

Truck #: _____

<input type="checkbox"/>	Battery	<input type="checkbox"/>	Muffler
<input type="checkbox"/>	Brakes	<input type="checkbox"/>	Oil Pressure
<input type="checkbox"/>	Clutch	<input type="checkbox"/>	Radiator
<input type="checkbox"/>	Defroster	<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Engine	<input type="checkbox"/>	Spare Fuses and Bulbs
<input type="checkbox"/>	Front Axle	<input type="checkbox"/>	Springs
<input type="checkbox"/>	Rear End	<input type="checkbox"/>	Shocks
<input type="checkbox"/>	Fuel Tanks	<input type="checkbox"/>	Starter
<input type="checkbox"/>	Heater	<input type="checkbox"/>	Steering
<input type="checkbox"/>	Horn	<input type="checkbox"/>	Tachometer
<input type="checkbox"/>	Head Lights	<input type="checkbox"/>	Tires
<input type="checkbox"/>	Tail Lights	<input type="checkbox"/>	Transmission
<input type="checkbox"/>	Plate Light	<input type="checkbox"/>	Wheels
<input type="checkbox"/>	Dash Lights	<input type="checkbox"/>	Windows
<input type="checkbox"/>	Turn Signals	<input type="checkbox"/>	Windshield
<input type="checkbox"/>	Running Lights	<input type="checkbox"/>	Others
<input type="checkbox"/>	Mirrors		

Remarks:

- ☐ Conditions of this Vehicle is satisfactory
- ☐ Above Defects Corrected
- ☐ Above Defects need not to be corrected for safe operating of vehicle

Driver Signature

Mechanics signature

date

Drivers signature

date

SISSOR LIFT INSPECTION CHECKLIST

(Print Name)

(Sign Name)

Insp/Operator's Name: _____

Make/Model	Equip. #	Jobsite	Week Ending

ITEMS CHECKED	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
HOURS						
TIRES						
No Cracks, Cuts or Bulges						
Proper Inflation						
No Loose or Missing Lug-nuts						
SCISSOR END JOINTS						
No Cracks or Broken Weld Points						
No Visible Damage						
No Loose or Missing Parts						
SCISSOR ARMS & WEAR PADS						
Properly Secured						
No Visible Damage						
No Loose or Missing Parts						
FUEL SYSTEM						
Have Fire Extinguisher						
No Cracks in Fuel Tank						
No Visible Damage						
No Broken Welds						
HYDRAULICS (where visible)						
No Leaking or Damaged Hoses						
No Leaky or Damaged Fittings						
No Leaking or Damaged Cylinders						
Recommended Fluid Level On Gauge/Dipstick						
Hydraulic filler Cap Secure						
DRIVE AXLES						
No Damaged, Loose or Missing Parts						
Wheels & Hubs Okay						
PLATFORM CONTROLS						
Return to Neutral or Off When Released						
Emergency Stop Working						
Control Placards Readable						
DECK EXTENSION						
Properly Secured						
No Visible Damage						
No Loose or Missing Parts						
BATTERY						
Battery/s Properly Secured						
Terminals Connection Tight						
Proper Electrolyte Level						
GROUND CONTROLS						
Properly Secured						
Switches Operable						
Placards Secure and Visible						
MANUAL DESCENT SYSTEM						
No Loose or Missing Parts						
Working Properly						
PLATFORM ASSEMBLY						
Manual in Storage Container						
All Railings Securely Attached						
Entry Chain/Bar in Proper Working Order						

Ladder Not Broken or Damaged & Secured						
Fire Extinguisher						
Is installed in lift						
Tag is up to date and fire extinguisher is fully charged						
Report ALL items in need of repair to your supervisor so that proper maintenance can be performed. Turn in checklist to your supervisor.						
REPAIRS NEEDED				Date Reported		Date Repaired

Return-to-Work Policy

Sub Contractor has elected to adopt a return-to-work policy with the intent to utilize eligible injured employees in a productive capacity while they are recovering from a work related injury. The goal of temporary modified duty is to provide a progression of job duties that will return the injured employee to their regular job.

The Safety Director, will be responsible for coordinating the return-to-work program.

The attached return-to-work program should be followed when an employee sustains a work-related injury or illness.

1. All injuries will be reported immediately to the employee's direct supervisor who will notify the Safety Director. Injuries will be filed via the Internet, phone or fax to Pinnacol Assurance within 24 hours.
2. The injured employee will seek medical attention from the designated medical providers listed on the Site Specific Safety Plan.
3. In case of an emergency, the injured employee is to seek medical attention from the nearest medical facility.
4. Foreman and/or Leadmen must accompany worker for initial medical treatment for all job related injuries. This will insure that proper medical assistance is received, a drug screen was done and information about the injury is received. Include what medical treatment was done, job restrictions and medications prescribed on the Injury Report.
5. Follow-up care must be coordinated through the designated medical provider. Pinnacol Assurance may not pay for medical expenses incurred by the injured employee if he or she seeks unauthorized treatment from a non-designated medical provider. When possible, follow-up medical appointments are to be made before or after work hours. Time off for medical appointments will be treated consistently with other personnel policies.
6. The injured employee should deliver a copy of the medical provider's work status report to the Safety Director within 24 hours of the medical visit, if feasible.
7. The Safety Director is responsible for maintaining regular contact with the injured employee and the medical provider, and obtaining recovery status information and work restriction updates.
8. The Safety Director and Management will review medical restrictions and availability for modified duty. Once the employer is ready to make a job offer to the injured employee, the coordinator sends the proposed tasks to the treating physician for approval, in accordance with the formal job offer process.
9. During the modified duty period, the Safety Director will provide to Pinnacol Assurance records of wages paid to the injured employee. If the injured employee is receiving full wages during the modified duty period, the Safety Director will provide

Pinnacol Assurance a statement to that effect; no ongoing provision of pay records is then required.

10. Modified duty will be allowed as long as it is realistic for the job to continue, or until the injured employee receives a release to full duty or reaches maximum medical improvement (MMI).
11. The Safety Director will monitor and document the injured employee's performance while on modified duty.

While on modified duty, the injured employee will be held to all existing personnel policies and will be responsible for maintaining acceptable performance standards as a condition of continued employment.

Modified duty assignments are designed to be temporary and transitional in nature. The supervisor, injured employee and relevant staff will periodically address increasing work duties and overall performance.

Employer's Signature

Date

Employee's signature

Date