



SWENSON & ASSOCIATES

581 Division Street, Suite A
Campbell, CA 95008

SUBCONTRACTOR ORIENTATION CHECKLIST

PROJECT: _____ **Date:** _____

Superintendent: _____ **Subcontractor:** _____

INFORM THE NEW SUB CREW OF THE FOLLOWING:

- 1. THEY WILL BE INCLUDED IN FORMAL SAFETY INSPECTIONS
- 2. THEY WILL BE EVALUATED ON PRODUCTION, QUALITY, & SAFETY
- 3. INFORMAL INSPECTIONS WILL BE DONE ON A DAILY BASIS
- 4. THEY ARE ENCOURAGED TO ATTEND PROJECT TOOLBOX MEETINGS

REVIEW THE FOLLOWING JOB RULES AND SAFETY STANDARDS SPECIFIC TO THE PROJECT:

SAFETY RULES AND STANDARDS	APPLICABLE	REVIEWED
SUBSTANCE AND ALCOHOL ABUSE POLICY	<input type="checkbox"/>	<input type="checkbox"/>
LOCK OUT / TAG OUT / GFCI ASSURED GROUNDING	<input type="checkbox"/>	<input type="checkbox"/>
TASK LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>
FALL PROTECTION / GUARDRAILS	<input type="checkbox"/>	<input type="checkbox"/>
TRENCHING / SHORING	<input type="checkbox"/>	<input type="checkbox"/>
SCAFFOLDING	<input type="checkbox"/>	<input type="checkbox"/>
CONFINED SPACES	<input type="checkbox"/>	<input type="checkbox"/>
RIGGING/CRANES	<input type="checkbox"/>	<input type="checkbox"/>
HAZARD COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT & CLOTHING	<input type="checkbox"/>	<input type="checkbox"/>
NOISE	<input type="checkbox"/>	<input type="checkbox"/>
WELDING / CUTTING	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL HANDLING / STORAGE	<input type="checkbox"/>	<input type="checkbox"/>
UTILITY PROTECTION - ABOVE GROUND & UNDERGROUND	<input type="checkbox"/>	<input type="checkbox"/>
TRAFFIC CONTROL	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEKEEPING AND TRASH REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>
FIRE PROTECTION & FLAMMABLES	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR AND WALL OPENINGS / WORK PLATFORMS	<input type="checkbox"/>	<input type="checkbox"/>
TOXIC MATERIALS / MSDS SHEETS	<input type="checkbox"/>	<input type="checkbox"/>
REBAR PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>
SHARED SPACE COOPERATION AMONG SUB TRADES	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY COMMITTEE / ACCIDENT INVESTIGATIONS	<input type="checkbox"/>	<input type="checkbox"/>

SITE TOUR CONDUCTED **COMMENTS** _____

SUB EMPLOYEE SIGNATURES: (USE BACK OF SHEET IF NECESSARY)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____