



Pre-Job Safety Review

(Review with all employees on Day One of the job / project.)

General Information

Project Name:	Projected Start Date:
Project Address:	

Project Coordinator:	Project Coordinator's Contact Number:
Client Representative:	Client Representative's Contact Number:
Client's Site Safety/Security Contact:	Site Emergency Contact Number:

Pre-Identified Hazards(s)

Energized Electrical	<input type="checkbox"/>	Fall Potential	<input type="checkbox"/>	Asbestos Exposure	<input type="checkbox"/>
Confined Space Entry	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Lead Exposure	<input type="checkbox"/>
Working Over Waterway	<input type="checkbox"/>	Trenching & Excavations	<input type="checkbox"/>	Anhydrous Ammonia Exposure	<input type="checkbox"/>
Weather Conditions	<input type="checkbox"/>	Roadside Work	<input type="checkbox"/>	Other Hazardous Material(s)	<input type="checkbox"/>
Other:					
Other:					
Other:					

Competent Person Assignment(s)

<i>Applicable Standard</i>	<i>Competent Person</i>	<i>Applicable Standard</i>	<i>Competent Person</i>

Reviewers

Safety Director:	Signature	Date Signed
Assigned Superintendent or Foreman:	Signature	Date Signed