Week Start Date:_____, 201____
Location:_____
Project:_____

Criteria	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
Adena Health System Construction Daily Worksite Inspection Checklist																					
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
1. Are contractor owned fire extinguishers inspected, unobstructed and functional?																					
2. Does proper safety and construction signage exist?																					
3. Is the fire load at minimum?																					
4. Are compressed flammable gasses present?																					
5. Are all compressed gas cylinders secured and properly stored?																					
6. Is there ongoing compliance with Infection Control standards?																					
7. Are flammable materials properly secured in flame resistant containers?																					
8. Are Material Safety Data Sheets for each hazardous material in work site?																					
9. Are any egress routes/exits obstructed in the project area?																					
10. Are hot work permits current?																					
11. Has Safety dept. benn notified of pending hot work in project area?																					
12. Fire detection/ supression systems operational at end of work day?																					
13. Is the project area clean swept and free of excess debris?																					
14. Are any utility outages anticipated during the days activities?																					
15. Are weekly contractor safety meetings and topics documented?																					
16. Does each worker in the projet area have and display proper identification?																					

	Yes	No	Date
Contractor and/or represenative has received copy of ILSM procedures?			

Contractor Representative:_____

AHS Project Manager:_____