



Contractor Safety – Activity Checklist

ENVIRONMENT/SITE SPECIFIC HAZARDS CURRENTLY EXCLUDED

Instructions:

The Safety Checklist is a tool for Contractors to help identify the tasks, hazards, and controls, based upon their scope of work, and to properly align them with California Occupational Safety and Health Administration's requirements.

The Safety Checklist is intended to be filled out by general contractors to incorporate their work and the work of all their lower tier subcontractors. Filling out the Safety Checklist helps determine if the General Contractor and its Subcontractor(s) is taking into account expected hazards and controls based upon the scope of work. This information should ultimately help all Contractors with completing their Job Hazard Analysis (JHA) documents.

DATE:			
General Contractor Company Name and Phone No.:			
Project Title:			
Project Start Date:			
Project Location:			



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1. Site Safety Representative:

Provide the name(s) of those person(s) onsite who are capable of identifying existing and predictable hazards in the surrounding or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them. The Contractor shall ensure that their Site Safety Representative(s) listed have been appropriately trained as applicable.

Site Safety Representative:	
Site Safety Representative:	

2. Cal/OSHA Competent & Qualified Person(s):

Provide the name(s) of those persons onsite who by possession of a recognized degree, certification, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated their ability to solve or resolve problems relating to the subject matter, the work, or the project. The Contractor shall ensure that each qualified and competent person listed has been trained in the following areas as applicable:

Asbestos Competent Person:	
Lead Competent Person:	
Crane Competent Person:	
Confined Space Entry Supervisor:	
Demolition Competent Person:	
Electrical LOTO Qualified Person(s):	
Energized Electrical Qualified Electrical Worker(s):	
Excavation & Trenching Competent Person:	
Fall Protection Competent Person:	
Fall Protection Qualified Person:	
Ladder Competent Person:	
Scaffold Competent Person:	
Steel Erection Competent Person:	

3. Personal Protective Equipment:

Safety glasses, hard hats and work boots are required 100% of the time while working within the designated construction area on any construction or facilities maintenance project. High visibility safety vests are required on most construction sites.

Additional task-specific PPE will be required based on the answers below:

3a Identify the PPE that you will require based on the hazards of the tasks to be performed:		
Full Face Shields	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chemical Splash Goggles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Welders Hood and Goggles, Leathers Gloves	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Steel Toed Boots, Work Gloves	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ear plugs Or Ear Muffs	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (describe)	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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3a Identify Specialty PPE		
Fall Protection: Active or passive fall protection is required any time the worker is either above 4 feet (maintenance work) or above 6 feet (construction work). Subcontractor will submit the following documentation for fall protection: - Fall Protection Work Plan - Training Records	NA <input type="checkbox"/>	
	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/>
Electrical PPE: Identify electrical PPE to be worn. Head protection Eye & Face Rubber-Insulating Gloves Rubber-Insulating Sleeves Leather Protectors Dielectric Footwear Flame Resistant (FR) Clothing FR Face Protection Products FR Outerwear (Raingear, etc.)	NA <input type="checkbox"/>	
	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>
Respiratory Protection: Subcontractor will submit the following documentation for respirator use: - Respiratory Protection Plan: - Medical Surveillance Release (remove/blacken out personal information): - Quantitative Fit Test Records: - Qualitative Fit Test Records: - Training Records:	NA <input type="checkbox"/>	
	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>

4. Hand and Power Tools NA

Will the work involve the use of electrically powered tools?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work involve the use of pneumatically powered tools?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work performed on this project involve the use of powder-actuated tools?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for Powder Actuated tools: - Training Records:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

5. Ground & Surface Penetrations NA

Will the work scope require you to cut into, chip into, drill into, or make any other penetrations into walls, ceilings or floors deeper than 1 5/8"?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work scope require you to excavate, trench, dig, or otherwise penetrate into the ground (including use of stakes or poles) deeper than 1 5/8"?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work scope require you to penetrate into any concrete surface at any depth?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have building surfaces or structures to be penetrated been evaluated for lead and asbestos?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

6. Excavation and Trenching NA

Will this work scope involve any excavation up to 5 feet deep?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will this work scope involve any excavation deeper than 5 feet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will this work scope involve sanitary sewer line repair or replacement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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Will this work scope involve storm sewer line repair or replacement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for Excavation and Trenching: - JHA detailing Shoring Plan - Training Records	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/>

7. Demolition NA

The Contractor has signed off on the Isolation Plan: Electrical, Gas, Water, Steam, or other Utilities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for Demolition Plan: - An Isolation Plan along with a SOP for startup.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8. Traffic & Pedestrian Control NA

Will this work scope require ANY traffic or pedestrian disruptions? Blocking or partially blocking any roadway, walkway or driveway...?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items: - Traffic & Pedestrian Plan - Training Records for Flaggers	YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/>

9. Hazardous Energy Control (Lock out Tag out) NA

Will you be doing any electrical work? If "YES", your company must submit a copy of your electrical safety program outlining how you meet the requirements of NFPA 70E.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Electrical work includes: - Working within 42 inches of an energized electrical part (for example; working inside a VFD with an unshielded line side or working within 42 inches of an energized crane bus bar). - Testing for zero energy - Troubleshooting, and inspecting - Making changes to the facility electrical system (for example; replacing breakers or wiring).		
Will your work involve working on non-electrical systems that contain hazardous energy? [] Mechanical [] Pneumatic [] Chemical [] Thermal [] Hydraulic [] Water [] Steam [] Gas	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your work include service, maintenance, or modification of equipment in which the unexpected energization or start-up of the equipment, or the release of stored energy, could cause injury to people or damage to equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your work require you to overlock onto an existing LOTO lock to protect from hazardous energy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you removing or opening any electrical equipment covers of electrical equipment? For example boxes, panels, disconnect switches, etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you doing any demolition work that will require the removal of electrical equipment, walls, partitions, building structures, piping systems, ducts, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you working in the travel path of a crane, hoists, or other equipment that present crush or pinch hazards?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your work require installing, repairing or modifying rotating equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your work require the potential exposure to more than 250 volts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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NOTE: A LOTO Permit is not required when the following requirements are met:
 - The equipment is electrically connected by a cord and plug.
 - Unplugging the equipment removes all forms of hazardous energy.
 - The plug will remain constantly under the exclusive control of the servicing technician for the duration of the installation, servicing and maintenance process.

10. Elevated Work Surfaces (aerial / scissors lifts, scaffolds or ladders) **NA**

Identify what will be used on this project below:		
Elevated Work Platforms		
Aerial Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Articulating Boom Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scissor Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Man-Lift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (identify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for aerial and platform lifts: - Training Records for each person operating lift.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scaffolding		
Tubular & Coupler Scaffolding	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rolling Scaffold	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mobile Scaffold	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mason/Bricklayers Scaffold	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (describe):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for scaffold use: - Training records for each person erecting and disassembling scaffold. - A written fall protection plan (such as the LBNL fall protection matrix) - Training records for users of fall protection - Training records for scaffold users	YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/>	NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/>
Identify ladders that will be used on this project below:		
6' or smaller A-Frame or Platform Ladder	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6' to 12' A-Frame or Platform Ladder.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12' or greater A-Frame or Platform Ladder.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Extension Ladder less than 24'	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Extension Ladder over 24'	YES <input type="checkbox"/>	NO <input type="checkbox"/>

11. Cranes & Heavy Equipment **NA**

Identify cranes or heavy equipment that will be used on this project below:		
Backhoe	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Front End Loader	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Excavator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crane Under 3 Tons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crane Over 3 Tons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Forklift	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (identify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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Contractor will submit the following items for crane or heavy equipment:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Crane current annual inspection certification:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Crane quadrennial proof load test certification:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Crane operator's license:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Backhoe, Front End Loader, Excavator proof of competency	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Forklift operator certification/license:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

12. Fire Protection & Prevention NA

Will work include the use of open flames such as torches, welders, grinders, tar pots or any other tool or process/procedure that could cause sparks or open flames?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will work be performed near combustible storage containers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will there be on-site refueling of equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has a Fire Watch been training in the use of fire extinguisher and emergency procedures for the work being performed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit for hot work activities:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

13. Steel Erection and Assembly NA

Is steel erection part of this work scope?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for Steel Erection and Assembly:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Site-Specific Erection plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Fall protection work plan (per ANSI/ASSE Z359)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

14. Hazardous Substances or Materials NA

Certain existing building components or materials that may be impacted by the work of this project are known or presumed to contain hazardous materials including, but not limited to, asbestos and lead. Comply with the applicable abatement sections and safety requirements of the contract documents. Should the contractor(s) or subcontractor(s) determine or believe that any building component or material, not already noted as containing a hazardous material, contains asbestos, lead, or other hazardous material, they shall notify the County of Orange immediately. Common building materials that contain asbestos include floor tile and mastic, sheetrock and taping compound, pipe insulation, fire doors, and transite. Paint surfaces and settled dust commonly contain lead.

The Contractor is required to perform their own exposure assessments for hazardous materials.

Will the work involve the use of any chemicals, such as paints, solvents, adhesives, epoxy coatings, fuels or other hazardous materials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are all personnel using these materials trained in safe handling?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will there be an emergency eyewash and shower in the immediate work area at a location that can be reached by a blinded worker in an uncomplicated and unimpeded path within 10 seconds travel time (approximately 50 feet)? If "NO", a portable eyewash station, capable of providing 15 minutes of continuous water flow, shall be provided (handheld squeeze bottle type is not allowed) that meets the same access requirement listed above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will employees be potentially exposed to airborne concentrations of hazardous gas, fume, dust or mist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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Will SDS(s) be available to the workers onsite?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will respirators be required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Describe the type of respiratory protection to be used:		

15. Permit-Required Confined Space Entry NA

Will the scope of your work require you to be working in a confined space where physical or atmospheric hazards (i.e. Flammable or Toxic) may be present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for Confined Space Entry:		
- Contractor's Confined Space Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Example Alternate Method, Reclassification, and Permit-required Confined Space Entry Permits	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>

16. Welding / Hot Cutting NA

Will the work involve welding/cutting steel at painted surface?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work involve welding/cutting stainless steel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for welding or hot cutting on non-lead containing surfaces (new steel construction):		
- Respiratory Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Qualitatively fit tested ½ mask negative pressure respirator with fit test records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Medical approval to wear respirators	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory protection training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for welding or hot cutting on lead containing surfaces (where lead paint exists or has been abated):		
- Respiratory Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Quantitatively fit tested full face-piece Powered Air Purifying Respirator (PAPR) and fit test records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Medical approval to wear respirators	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Blood lead baseline sample results (excluding employee SSNs)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Documentation that workers have received lead awareness training.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory protection training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for welding or hot cutting on stainless steel :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Quantitatively fit tested, full face-piece negative pressure respirator and fit test records.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Medical approval to wear respirators	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Documentation of hexavalent chromium training.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory protection training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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17. Lead Paint **NA**

Will the work involve sanding, grinding, scraping, brazing, cutting, welding, removing or otherwise disturbing painted surfaces in such a way that lead particles may become airborne?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for lead paint removal:		
- JHA for lead paint removal	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Site-Specific Lead Compliance Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Company's Lead Compliance Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Department of Public Health Lead Worker & Supervisor Training Certificates	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Full face-piece negative pressure respirator with quantitative fit test	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Medical approvals for respirator use	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory protection training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>

18. Asbestos **NA**

Will the work require asbestos removal or disturbance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will the work require a 10-day notification to (BAAQMD) for renovations involving RACM greater than or equal to 100 linear feet 100 sq. ft, or 35 cu ft prior to renovations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for asbestos removal:		
- Site Specific Asbestos Compliance Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- JHA addressing asbestos hazards	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Subcontractor's Asbestos Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Asbestos Worker Training Certificates	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Medical approvals & fit test records for respirator use	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory protection training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>

19. Application of Paint and Other Coatings **NA**

Does the scope of your work include sanding, scraping, grinding, washing or other prep activity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How will the paint / coating be applied?:		
Sprayed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rolled	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (describe)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Contractor will submit the following items for Painting and application of other coatings:		
- JHA detailing the work plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Qualitative respirator fit test records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Medical approval to wear respirators	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory protection training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Minimum of ½ mask, air-purifying respirator (Full face piece, air-purifying or Powered Air Purifying Respirators may be required depending on product, task, and environmental factors).	YES <input type="checkbox"/>	NO <input type="checkbox"/>



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20. Sanitation

NA

Will the scope of work require the Contractor to provide temporary washing facilities and toilets?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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21. Silica Dust

NA

Will work involve jack-hammering, roto-hammering, drilling, grinding or other disturbance of concrete or use of products that contain crystalline silica that might create silica dust?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will work involve wet slab or wall concrete cutting, drilling, and coring or cutting/sanding drywall or joint compound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "YES" to either of the above questions, describe below the method of dust control and control of worker and other persons who could be exposed, such as using wet methods and respiratory protection/training:		
Subcontractor will submit the following items:		
- JHA describing silica hazards and controls	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Subcontractor's Respirator Protection Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- For indoor work: Quantitatively fit tested full face-piece, air-purifying respirator along with fit test records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- For outdoor work: Qualitatively fit tested ½ mask negative pressure respirator along with fit test records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Medical approval to wear respirators	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Respiratory protection training records	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Documentation of silica hazards awareness training	YES <input type="checkbox"/>	NO <input type="checkbox"/>

22. Company Related Programs

NA

Heat Related Illness Program		
Is heat related illness a potential hazard for this scope of work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is a heat related illness prevention program in place per Cal/OSHA requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ergonomics Program		
Does the Contractor have an Ergonomics Program in place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

23. Radiation and Laser Safety

NA

Will radioactive material/sources be used?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you be working on a class 3B or Class 4 laser?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you be working on a microwave source greater than 5mW/cm ² ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Describe below:		

Contractor shall perform and document a Job Hazard Analysis (JHA) to identify hazards and develop controls for site specific conditions.