



Jobsite Hazard Checklist for Service Work

Date: _____ Location: _____

Client Name: _____ Contact Person: _____

Description of Work: _____

Mechanic: _____ Additional Worker(s): _____

Supervisor: _____

Use this checklist to help assess the jobsite for hazards. It lists the main points to consider when you are checking the safety of your site. If you see that something is not satisfactory, use the "Action" section to state the proposed action to be taken, who will carry out the action, and the time frame to complete the action.

Building/Jobsite Access	Yes	No	N/A	Personal Protective Equipment	Yes	No	N/A
Jobsite can be reached safely—safe walkways, stairs, ladders, scaffolds. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye, face, and hearing protection is available for anticipated hazards. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders are in good condition, appropriate for the job, properly set up, and secured in place. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing protection has been properly fitted and maintained in a clean and sanitary condition. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolds have been properly erected, guardrails and toe boards are in place, and access ladders are properly fitted. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall protection equipment is available and training is up-to-date. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrails or edge protection is in place at all open sides of floors, stairs, landings, catwalks, holes, and openings. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment is available for potential arc flash situations (arc-rated clothing, face shield, and appropriate eye and hand protection). Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting				Working Alone			
The jobsite is adequately lit by natural or artificial light. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A safe work procedure for working alone is being followed and includes a travel plan, return time, check-in, and communication. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space				Driving			
A confined entry permit has been issued. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A circle check has been done and reveals that the vehicle is in good condition—steering, brakes, lights, tires, fluids, etc. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The confined space atmosphere has been tested to ensure an adequate level of oxygen and no toxic gases are present. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The vehicle is equipped with an emergency kit (roadside, first aid, winter survival). Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A safe method of access and egress is available for entering and exiting the confined space. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The driver is aware of TDG requirements for chemicals carried in the vehicle. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection that is suitable for the hazard is being used by workers entering the confined space. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tools and equipment are properly secured in the vehicle. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site rescue plans have been developed and communicated to rescuers and confined space workers. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Weather/Working Outdoors	Yes	No	N/A	Power Tools	Yes	No	N/A
Workers can recognize the signs and symptoms of overexposure to heat or cold. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power tools have been inspected and are in good condition. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing is suitable for the job and level of physical activity. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground fault circuit interrupters (GFCIs) are available for portable electric tools. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers know the conditions under which work should be stopped because the temperature is too hot or too cold. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All power tools are adequately guarded. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				The selected tool(s) are the appropriate for the job. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers understand which insects, animals, or plants in the work area can cause allergic reactions or other health hazards. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical and Designated Substances			
				Safety Data Sheets (SDS) are available for hazardous chemicals in use. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Control							
There is a written traffic control plan to control the movement of vehicles and pedestrians around the worksite. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers have received training in the handling and use of hazardous chemicals. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs and physical barriers are in the proper location as per the traffic control plan. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Products have been approved by the employer. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate PPE is worn, including vests. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention			
				Fall protection equipment is suitable for the job. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockout of Energy Sources							
Training in company lockout/tagout procedures is current. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are suitable anchorage points for the attachment of safety harnesses and lifelines. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site personnel are aware of lockout procedures you might use. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On-site rescue plans have been developed. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flying/Falling Objects				Emergency/First Aid			
Barriers or other devices are in place to keep objects from falling into the work area. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An emergency response plan is available. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				A means of communication is available. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If exposure to electrical hazards is likely, is appropriate PPE available (arc-rated clothing and face shield, mats, gloves, CAT III testers)? Are watches and jewelry removed? Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working alone policy is in place where needed. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				A first aid kit with adequate supplies is available and all first aid training is current. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension cords have been checked for adequate gauge, ground pin, and condition. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency contact information (name, phone number) is readily available if needed. Action:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>