## Apollo Employee Site-Specific Checklist

**Employee Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site/Project: \_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_**

**Have you notified Safety of new Hire? Yes No Scheduled Orientation with Safety: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor**

### Scope of Project / Schedule / Owner

* Work Hours
* Means of Access and employee parking. Back in parking required.
* Sanitation Facilities
* SDS Station / Copies- location (database: <https://msdsmanagement.msdsonline.com/b920f1fb-1b55-4e73-8004-b529597e57d3/ebinder/?nas=True>)
* Stretch and Flex (time and location)

### Daily Pre-task plans- (time and location)

### Weekly Safety Meetings/ Inspections (time and location)

* Stop Work Authority
* Report all unsafe acts/conditions, near misses, and all accidents to: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Employee recognition- where SPIF cards are?
* First Aid trained personnel / Emergency Phone Numbers
* Competent Persons: Trenching, Excavating, Scaffolding
* First Aid Kits/AED location
* Emergency Response Plan:
* Evacuation routes, Location of evacuation staging area, emergency communication systems, exit location
* Clinic - Emergency phone numbers, clinic address and map location
* Fire Protection Plan
* Smoking and tobacco policy- no electronic cigarettes permitted on Apollo sites or projects. Designated smoking area
* Neighborhood Awareness
* Material Storage / Deliveries/Haul Routes
* Spill Response
* Housekeeping expectations
* Training
* PPE (Personal Protective Equipment) Required:

Safety Glasses Spoggles overhead work Hard Hat Gloves

Leather Work Boots High-visibility Vest Ear Plugs Hoodie strings are prohibited Face Shield Cut resistant sleeves

* Other hazards on site:
  + Heat Stress- water location, rest area
  + Electrical- inspect cords, live utilities
  + Hot Work/Fire Protection Plan- signed permit?
  + Scaffolds- on site?
  + Heavy Equipment- haul routes
  + Concrete/silica exposure- areas/tasks involved
  + Pressure testing- in scope of work
  + Barricades- do not cross red danger tape without permission of owner

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Supervisor Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_