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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** | | | | | | **Project #** | | | |
| **Foreman / Lead:** | | | | **Date:** | | **Location:** | | | |
| **Tasks Being Performed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **EMERGENCY NUMBER 911:** Emergency Contact Person(s):  **COVID-19 PROTECTIVE MEASURES:**   1. Elimination Controls– Remain 6’ Apart at All Times, Wash Hands, Sanitize Area, No Vendors or Visitors, Stay Home with Symptoms 2. Administrative Controls – Report any Illnesses to Foremen, Schedule Work to Avoid other Trades, Staggering Breaks 3. PPE – If within 6’ of Other Workers for over 10 Minutes, Shield, Face shield , mask, or Respirator required | | | | | | | | | |
| **HAZARDOUS CONDITIONS – APOLLO PROCEDURES** | | | | | | | | | |
| **Hazardous Condition** | **Yes** | **No** | **Apollo Procedures** | | **Hazardous Condition** | | **Yes** | **No** | **Apollo Procedures** |
| 1. Confined Space |  |  | AISH 16 | | 8. Overhead Hazards | |  |  | AISH 37 |
| 2. Welding/Burning |  |  | AISH 14 | | 9. Electrical Hazards | |  |  | AISH 29 |
| 3. Roof Work |  |  | See Fall Plan | | 10. Lock and Tag | |  |  | AISH 15 |
| 4. Fall Hazards (>=6/10') |  |  | AISH 11 | | 11. Scaffolding | |  |  | AISH 22 |
| 5. Excavation/Trenching |  |  | AISH 26 | | 12. Aerial Lifts | |  |  | AISH 20 |
| 6. Hazardous Materials |  |  | AISH 24 | | 13. Rigging | |  |  | AISH 35 |
| 7. Respiratory Hazards |  |  | AISH 32 | | 14. Cranes | |  |  | AISH 36 |

**REviewed Covid 19 Site Specific plan? Yes or No!**

**PPE REQUIRED**:  Hardhats  Safety glasses  Harness with lanyard  Face shield  High visible vest

Hearing Protection  Foot Protection  Hand Protection  Respiratory Protection

**\*\*FOREMEN\*\* - hazards and controls identified below must be discussed with the crew prior to work beginning!!!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard** | **Hazard Elimination/Control** | **Hazard** | **Hazard Elimination/Control** |
| Chemical / Thermal Burn | Gloves, Slicker, Protective Suit | Fire / Hot Work | Fire Watch/Fire Ext. |
| Particles in Eye | Face Shield / Goggles | Spills | Containment, Spill Kit |
| Overexertion | Get Help / Stretch & bend | Abrasion / Cuts | Proper Clothing, Gloves |
| Elevated Load | Proper Rigging, Taglines | Trenching / Excavations | Sloping, Benching, Shoring |
| Falls Over 6’ | Fall Protection | Loud Noises | Hearing Protection |
| Overhead Work | Toe boards, Netting | Heat/Cold Exposure | Proper Clothing, Hydration |
| Sprains/Strains | Stretch & Bend | Electric Shock | Cords/Tools Inspected, GFCI |
| Dropping Material | Tools & Material, Secured | Pinch Points | Be in Proper Position |
| Hazardous Materials | Do not touch, Call experts | Lead/Asbestos | Do not touch, Call experts |
| Live Utilities | Disruption Avoidance | Moving Machinery | Make Eye Contact |
| Trips/Slips/Falls | Keep Area Clear, Eyes on path | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Permits Required for Today’s Work:**  Hot Work Permit  Dig Permit  Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **NAME** | **Were you Injured Today?** | **Experiencing any COVID-19 Symptoms?**  **(fever, cough, congestion, respiratory issues)** |
|  | Yes\_\_\_ No\_\_\_ | Yes\_\_\_ No\_\_\_ |
|  | Yes\_\_\_ No\_\_\_ | Yes\_\_\_ No\_\_\_ |
|  | Yes\_\_\_ No\_\_\_ | Yes\_\_\_ No\_\_\_ |
|  | Yes\_\_\_ No\_\_\_ | Yes\_\_\_ No\_\_\_ |
|  | Yes\_\_\_ No\_\_\_ | Yes\_\_\_ No\_\_\_ |
|  | Yes\_\_\_ No\_\_\_ | Yes\_\_\_ No\_\_\_ |
|  | Yes\_\_\_ No\_\_\_ | Yes\_\_\_ No\_\_\_ |

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| --- | --- | --- | --- |
|  | | | |
| Work area cleaned up? | Yes\_\_\_ No\_\_\_ | All tags released and signed off? | Yes\_\_\_ N/A\_\_\_ |
| Permits turned in? | Yes\_\_\_ N/A\_\_\_ | Job status communicated to Customer/next shift? | Yes\_\_\_ No\_\_\_ |
| **Has Work Area Been Sanitized?** | **Yes\_\_\_ No\_\_\_** | **Workers Understand COVID Safety Policies and Practices?** | **Yes\_\_\_ No\_\_\_** |
| **Any Workers Exposed to COVID?** | **Yes\_\_\_ No\_\_\_** | **Workers Showing Symptoms?**  **(ask prior start of shift)** | **Yes\_\_\_ No\_\_\_** |

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**Pg 2**

**Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAZARD CHECKLIST (Follow Apollo Covid 19 Site Specific Plan)**

|  |  |  |
| --- | --- | --- |
| 1. Worker Personal Responsibilities | 4. Personal Protective Equipment | 7. Entering Occupied spaces |
| 2. Social Distancing | 5. Sanitation and Cleanliness | 8. Other |
| 3. General Jobsite/ Office practices | 6. Jobsite Visitors |  |

|  |  |  |
| --- | --- | --- |
| **HAZARD DESCRIPTION** | **guidelines** | **SITE SPECIFIC PROTECTIONS REQUIRED** |
| *Example: more than 10 employees onsite* | *1, 2, 3, 4, 5, 6* | *Increase space, break & lunch rotation, small group safety meetings, foreman sign in or photo documentation, glasses and gloves, restrict visitors* |
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**RESPONSIBLE PERSONS (with phone #):**

|  |  |
| --- | --- |
| **Break/lunch schedule:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employee/ Visitor Monitoring:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sanitation manager:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Social Distancing Monitor Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Site Plan and Updates:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Employee Concerns:**

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