



CONTRACTOR PRE-JOB CHECKLIST

Please complete and return with the requested attachments to the EQ Project Manager, QEHS Manager or his/her designee prior to beginning any work. This checklist is also to be completed for any Subcontractors.

Company Name:		Start Date:	Stop Date:	
Job Location:	EQ PO #:	EQ Project Manager:		
Work Description:				
PART 1: CONFINED SPACE				
Is confined space work anticipated? <i>(If no, proceed to Part 2.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:	
Please attach the following:	Attached?			
Copy of written Confined Space Entry Procedure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List of all personnel anticipated working in the confined space.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List anticipated rescue team.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
PART 2: LOCKOUT / TAGOUT				
Is work requiring Lockout / Tagout anticipated? <i>(If no, proceed to Part 3.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:	
Please attach the following:	Attached?			
Copy of written Lockout / Tagout Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List of all personnel anticipated performing lockout / tagout.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
PART 3: MAN LIFT / AERIAL PLATFORM / SCISSORS LIFT				
Is work requiring a manlift anticipated? <i>(If no, proceed to Part 4)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:	
Please attach the following:	Attached?			
Copy of written Program(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List of all personnel anticipated using lifts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
PART 4: FORKLIFT (POWERED INDUSTRIAL TRUCK)				
Is work requiring a forklift anticipated ? <i>(If no, proceed to Part 5)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:	
Please attach the following:	Attached?			
Copy of written Forklift Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List of all personnel anticipated using a forklift.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
PART 5: RIGGING / CRANES				
Is work requiring a crane or having any rigging requirements anticipated? <i>(If no, proceed to Part 6)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:	
Please attach the following:	Attached?			
Copy of written Rigging and Crane Programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List of competent personnel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Up-to-date inspections for crane, hoisting, and rigging equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3 rd Party Crain Inspection (required for all "critical lifts").	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lift Plan (if required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Job Hazard Analysis of the lift (if a Lift Plan is not required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Licensed Engineer or Manufacturer's certification for lifting beams and spreader bars.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Preventative Maintenance Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Crane operator' s certification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Will a work platform suspended from a crane be used for hoisting, lowering, and/or suspending personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:

PART 6: HOT WORK			
Is Hot Work anticipated? <i>(If no, proceed to Part 7)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Please attach the following:	Attached?		
Copy of written Hot Work Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated doing hot work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the project require open flame work in an area with no sprinkler protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:
PART 7: TRENCHING / EXCAVATIONS			
Is trenching/excavation work anticipated? <i>(If no, proceed to Part 8)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Do you have an approved plan for disposal of all material that cannot be returned to the trench/excavation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have appropriate materials for barricading or securing work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:	Attached?		
Copy of written Trenching/Excavation Procedure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of competent personnel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the project require timber shoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:
PART 8: ELECTRICAL / HIGH VOLTAGE			
Is electrical work anticipated? <i>(If no, proceed to Part 9)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Do you anticipate any High Voltage work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:	Attached?		
Copy of written High Voltage Safety Plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of written Electrical Safety Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of competent personnel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an electrical procedure for work around energized systems? <i>(if no EQ site-specific procedure exists).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:
PART 9: ARC FLASH			
Is work that has arc flash potential anticipated? <i>(If no, proceed to Part 10.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Do you have a written Arc Flash Potential Procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have all materials required to safely perform arc flash potential work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:	Attached?		
Copy of Arc Flash Potential Procedure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of competent personnel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the work require and Outage Approval? Required before heavy equipment that can reach arcing distance and is to be brought within 50 ft. of high-voltage lines, may be brought on site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:
PART 10: NOISE EXPOSURE			
Is work that generates high sound levels anticipated? <i>(If no, proceed to Part 11)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Please attach the following:	Attached?		
Copy of written Hearing Conservation Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated doing work generating high sound levels.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certs., cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PART 11: METERS & EQUIPMENT			
Is work that requires use of calibrated equipment anticipated? <i>(If no, proceed to Part 12.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Can you prove that the equipment has been calibrated as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 12: HAZARDOUS MATERIALS

Is work that involves chemicals anticipated? <i>(If no, proceed to Part 13.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Please attach the following:	<i>Attached?</i>		
Copies of MSDSs for any chemicals brought on site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of written Hazard Communication Program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of written spill control procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copies of any required permits.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Disposal location and approval numbers for disposal of waste on site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of personnel anticipated doing work with chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

List trade names of hazardous materials which you or your subcontractors will be using on site. Attach additional pages if necessary.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

PART 13: POWDER-ACTUATED TOOLS

Is the use of powder-actuated tools anticipated? <i>(If no, proceed to Part 14.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Please attach the following:	<i>Attached?</i>		
Copy of written program/procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Insurance Company certification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certification that the type and use of the tools are in accordance with applicable laws.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated doing hot work.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certs, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Use of powder-actuated tools requires approval from EQ.			

PART 14: ROADWAY WORK

Is work on or adjacent to public roadways anticipated? <i>(If no, proceed to Part 15)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
Please attach the following:	<i>Attached?</i>		
Copies of any permits required by local state or federal law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are traffic control provisions (signs, devices, barricades, arrow boards, flag persons) required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:

PART 15: FIRE PREVENTION & PROTECTION

Is temporary heating equipment needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:
Is the storage and/or use of flammable and combustible liquids anticipated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:
Is the use of gasoline or diesel powered portable generators anticipated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:
Is the use of temporary fuel tanks (gasoline, diesel, fuel oil) anticipated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied EQ EHS Mgr. Initials:

PART 16: HAZWOPER			Specify:
Is work to take place at an uncontrolled hazardous waste site, or is exposure to hazardous waste at a TSDF anticipated? <i>(If no, proceed to Part 17)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:		<i>Attached?</i>	
Verification of personnel training (copies of certs., cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify:
PART 17: TWIC			
Will unescorted access to secure areas of ports, vessels, and/or outer continental shelf facilities be required for this project? <i>(If no, proceed to Part 18)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:		<i>Attached?</i>	Specify:
Copy of Terminal Worker Identification Credential card for all personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PART 18: OSHA RECORDKEEPING			
Please attach the following:		<i>Attached?</i>	Specify:
OSHA 300 Log for previous 3 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Total Recordable Injury (TRIR) Rate* for previous 3 years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Days Away Restricted and Transfer (DART) Rate* for previous 3 yrs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>* Rate = N x 200,000/T where N = number of incidents and T = total man-hours for the year.</i>			
PART 17: List any additional Health & Safety or Environmental concerns below:			
I certify that the above responses are to the best of my knowledge, true, accurate and complete.			
Name (Print):		Title:	
Signature:		Date:	