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Daily Pre-Start Safety Inspection Checklist

Daily Work Summary

What type(s) of work are being performed today? Select all that apply.

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Steel Erection | <input type="checkbox"/> Drywall | <input type="checkbox"/> Cleanup |
| <input type="checkbox"/> Abatement | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Painting | <input type="checkbox"/> Stair Installation |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Electrical | <input type="checkbox"/> Site work | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Excavation | |
| <input type="checkbox"/> Formwork | <input type="checkbox"/> Glazing | <input type="checkbox"/> Underground | |
| <input type="checkbox"/> Reinforce Steel | <input type="checkbox"/> Roofing | Work | |

Site / Project Name: _____

Describe the works to be undertaken today

Have all crew members performed daily stretch and ex activities?	Yes	No	N/A
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Today's Task Breakdown

Break today's work into individual step-by-step-tasks below. Assess each task for hazards and controls

Describe this task

What category does this task fall under?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Cleanup |
| <input type="checkbox"/> Abatement | <input type="checkbox"/> Glazing | <input type="checkbox"/> Stair Installation |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Roofing | <input type="checkbox"/> Underground Work |
| <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Drywall | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Formwork | <input type="checkbox"/> Painting | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Reinforce Steel | <input type="checkbox"/> Site work | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Steel Erection | <input type="checkbox"/> Excavation | |

Select potential hazards that may be encountered while completing this task today.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Fall / Gravity | <input type="checkbox"/> Hazardous Substances | <input type="checkbox"/> High Voltage | <input type="checkbox"/> Biological |
| <input type="checkbox"/> Equipment Issues | <input type="checkbox"/> Working in Isolation | <input type="checkbox"/> Conned Space | <input type="checkbox"/> Social / Interpersonal |
| <input type="checkbox"/> Power Lines | <input type="checkbox"/> Ignition Sources | <input type="checkbox"/> Adverse Weather Conditions | <input type="checkbox"/> Strange Issues |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Manual Handling | <input type="checkbox"/> Pollution | <input type="checkbox"/> Project Delay |
| <input type="checkbox"/> Sharp Objects | <input type="checkbox"/> High Pressure Lifting Equipment | <input type="checkbox"/> Grinding | <input type="checkbox"/> Entanglement |
| <input type="checkbox"/> Slippery / Wet Surfaces | <input type="checkbox"/> Rotating Machinery | <input type="checkbox"/> Hazards to Public Areas | <input type="checkbox"/> Ground Openings |
| <input type="checkbox"/> Gasses | <input type="checkbox"/> Entry & Exit Hazards | <input type="checkbox"/> Hazardous Chemicals | <input type="checkbox"/> Animals / Pests |
| <input type="checkbox"/> Dust | | <input type="checkbox"/> Extreme Temperature | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Underground Utilities | | <input type="checkbox"/> Noise | |
| <input type="checkbox"/> Overhead Obstructions | | <input type="checkbox"/> Radiation | |

What categories of hazard control will you apply to this task?

- Elimination - Remove the hazard
- Substitution - Replace the hazard
- Engineering - Isolate people from the hazard
- Administrative - Change the way people work
- PPE - Protect workers with personal protective equipment

What specific controls will you apply to the above hazards for this task?

- | | | |
|---|---|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Fall Arrest | <input type="checkbox"/> Supervision of Public |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Extinguishers | <input type="checkbox"/> Elevation to Senior Management |
| <input type="checkbox"/> Removal | <input type="checkbox"/> Screens | <input type="checkbox"/> Gas Detection |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Additional Resources | <input type="checkbox"/> Designated Work Areas |
| <input type="checkbox"/> Spotters | <input type="checkbox"/> Fire Blankets | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Updated Procedures | <input type="checkbox"/> Barricades |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Competent Persons | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Locating Equipment | |
| <input type="checkbox"/> Application of PPE | <input type="checkbox"/> UV Protection | |

Final Checks

Does every member of the on-duty crew have adequate and appropriate PPE for today's work tasks?

Yes

No

N/A

Crew Sign Off

Each present team member to sign name and signature acknowledging the above tasks, hazards and control

Team Member: _____

Name & Signature: _____

Please note that this checklist is a hypothetical example and provides basic information only. It is not intended to take the place of, among other things, workplace, health and safety advice; medical advice, diagnosis, or treatment; or other applicable laws. You should also seek your own professional advice to determine if the use of such checklist is permissible in your workplace or jurisdiction.