# LBNL Construction Safety Check List
## <u>Safety Check List MUST be posted at the job-site.</u>

Sub-Contractor shall take all reasonable precautions in the performance of the work under this purchase order to protect safety and health of employees and members of the public and shall comply with all applicable environmental, safety, and health regulations and requirements (including reporting requirements of the University and DOE). In the event Sub-Contractor fails to comply with these regulations or requirements, the University may issue an order stopping all or any part of the work; thereafter, a start order for resumption of work may be issued at the discretion of the University. Sub-Contractor shall make no claim for extension of time or for compensation or damages by reason of or in connection with such work stoppage.

Sub-Contractor shall fill out the attached Safety Check List (SCL) and submit to Lawrence Berkeley National Laboratory (LBNL) Project Manager for review and final approval the LBNL Construction Safety Engineer must reviewed and sign prior to start of construction. This SCL consists of Environmental Protection and Health and Safety items that are most required of subcontractors and their lower-level subcontractors when performing work at LBNL. These items and all other requirements in the contractual documents will be enforced.

To expedite the review/approval, submit all JHA/Training Records/MSDSs with the SCL; Approval will not be complete without the additional information required.

| | | | |
|---|---|---|---|
| DATE: | | DATE Received By EH&S: | |
| Sub-Contractors Company Name: | | | |
| Project Title: | | | |
| Sub-Contractors Superintendent: | | | |
| Phone No: | | Fax No: | |
| Building Location: | | PO No: | |
| Detailed Description of Work: | | | |
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| | | | |
| LBNL Requester: | | Phone: | |
| LBNL Buyer: | | Phone: | |

# Safety Policy

## General

Lawrence Berkeley National Laboratory (LBNL) is committed to providing and maintaining the safest possible work conditions for all workers by promoting the integration of safety management into all construction processes.

Project managers, construction managers, superintendents, assistant/area superintendents, safety representatives, and foremen are responsible for implementing and maintaining an effective safety program. It is the responsibility of these individuals to ensure workers under their supervision maintain safe work areas and perform their tasks in a safe manner. It is also the responsibility of each worker to follow every precaution and LBNL safety rule and policy to protect themselves and their fellow workers. LBNL will monitor safety programs and performance to ensure compliance with LBNL requirements. When performing work at LBNL, each employer:

- Is responsible for the safety of their employees and/or visitors as required by the rules and regulations of this chapter; 10 CFR 851 “Worker Safety & Health Program”; the California Code of Regulations, Title 8, Construction Safety Orders; 29 CFR 1926 Safety Standards for the Construction Industry; and all other local, state, and federally recognized current standards and codes.
- Is required to understand and follow the contents of PUB 3000, LBNL Health and Safety Plan.
- Is responsible for training and educating their employees, and/or visitors, as to the contents of this chapter and requirements for conduct of work under the LBNL Integrated Safety Management (ISM) Plan. (Documentation of all training is the responsibility of the subcontractor.)
- Differences of opinion regarding a stop work order between the LBNL Project Manager, LBNL Construction Safety Engineer, and others involved must be immediately referred to their respective functional supervisors for resolution. The recommendations of the LBNL Construction Safety Engineer must be followed until a final decision is made. Final determination will come from the LBNL Facilities Division Director.

This policy applies to all construction activities performed by LBNL employees; contract employees under the direct technical supervision of an LBNL employee, referred to as "contract employees”; and non-laboratory employees under the supervision of subcontractors, referred to as "construction subcontractors." Construction activities may originate from construction subcontracts, service contracts, purchase orders, and in-house work orders.

**Department of Energy 10 CFR 851, "Worker Safety & Health Program”**

All work shall comply with the Department of Energy’s Worker Safety and Health Program regulation, 10 CFR 851, which enforces worker safety and health requirements including but not limited to standards of the Occupational Safety and Health Administration (OSHA) as incorporated in the LBNL Worker Safety and Health Program. Violations of safety and health provisions of 10 CFR 851 may subject to penalties. The employer shall follow the provisions of its Cal/OSHA mandated Injury and Illness Prevention Plan (IIPP) and submit it to LBNL when requested. The employer shall also follow all LBNL safety procedures and policies communicated in it.

# A. Mandatory Requirements on All Construction Projects

## Competent Person

Provide a written list of those persons onsite who are capable of identifying existing and predictable hazards in the surrounding or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them. The Employer shall ensure that each competent person listed has been trained in the following areas as applicable: Competent Person:_____

## Qualified Person

Provide a written list of those persons onsite who by possession of a recognized degree, certification, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated their ability to solve or resolve problems relating to the subject matter, the work, or the project. The Employer shall ensure that each qualified person listed has been trained in the following areas as applicable: Qualified Person:_____

Asbestos: Competent Person: _____

Cranes: Competent Person: _____

Confined Space: Competent Person: _____

Demolition: Competent Person: _____

Electrical: Qualified Person: _____

Excavations: Competent Person: _____

Fall Protection: Competent Person: _____

Ladder: Competent Person: _____

Scaffold: Competent Person: _____

Steel Erection: Competent Person: _____

Underground Construction: Competent Person: _____

# Project Specific Construction Safety Checklist

## 1. Personal Protective Equipment

**Monitory on all LBNL Projects: Safety Glasses, Hard Hats and Work boots 100% of the time while working on any LBNL construction and or Facility maintenance projects.**

| | | |
|---|---|---|
| Will the work involve hazards that require the use of any of the protective equipment listed below? | YES ☐ | NO ☐ |
| Full Face Shields, | YES ☐ | NO ☐ |
| Chemical Splash Goggles | YES ☐ | NO ☐ |
| Welders Hood and Goggles, Leathers Gloves | YES ☐ | NO ☐ |
| Steel Toed Boots, | YES ☐ | NO ☐ |
| Work Gloves, leather, rubber… | YES ☐ | NO ☐ |
| Ear plugs Or Ear Muffs, | YES ☐ | NO ☐ |
| **Fall Protection, is required anytime the worker is above 6 feet**. ***ANSE/ASSE Z359 to be followed. Submit for PPE***: | | |
| Fall Protection Plan | YES ☐ | NO ☐ |
| Training Records | YES ☐ | NO ☐ |
| Electrical PPE, | | |
| Head protection (ANSI Z89.1, 1997) | YES ☐ | NO ☐ |
| Eye & Face (ANSI Z87.1, 1998) Class | YES ☐ | NO ☐ |
| Rubber-Insulating Gloves (ASTM D120-02, 2002) _____ | YES ☐ | NO ☐ |
| Rubber-Insulating Sleeves (ASTM D 1051-02, 2002) _____ | YES ☐ | NO ☐ |
| Leather Protectors (ASTM F 696-02, 2002) | YES ☐ | NO ☐ |
| Dielectric Footwear (ASTM F 1117-98, 1998) Level | YES ☐ | NO ☐ |
| Flame Resistant (FR) Clothing (ASTM F 1506-02a) _____ | YES ☐ | NO ☐ |
| FR Face Protection Products (ASTM F 2178-02) _____ | YES ☐ | NO ☐ |
| FR Outerwear (Raingear, etc) (ASTM F 1891-02a) _____ | YES ☐ | NO ☐ |
| **Respirators,** | | |
| ***Contractor must submit the following items for Respirator Use :*** | | |
| Respiratory Protection Plan: | YES ☐ | NO ☐ |
| Medical Release: | YES ☐ | NO ☐ |
| Quantitative Fit Test Records: | YES ☐ | NO ☐ |
| Qualitative Fit Test Records: | YES ☐ | NO ☐ |
| Training Records: | YES ☐ | NO ☐ |

## 2. Hand and Power Tools

| | | |
|---|---|---|
| Will the work involve the use of electrically powered tools? | YES ☐ | NO ☐ |
| Will the work performed on this project involve the use of **powder actuated tools**? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Powder Actuated tools:*** | | |
| Training Records: On File with EH&S: YES ☐ NO ☐ | YES ☐ | NO ☐ |

### 3. Ground & Surfaces and Penetration

| | | |
|---|---|---|
| Will the work scope require you to perform <u>any</u> mounting to walls or penetration (including chipping) into the ground, walls floors, sub-floors, and or any excavation, trenching, including the use of stakes or poles deeper then 1 5/8"? **All Concrete Must be scanned!** | YES ☐ | NO ☐ |
| Have bldg materials been evaluated for asbestos? | YES ☐ | NO ☐ |

### 4. Excavation and Trenching

| | | |
|---|---|---|
| Will this work scope involve any excavation below 5 feet? | YES ☐ | NO ☐ |
| Will this work scope involve sewer line repair or replacement? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Excavation and Trenching*** | | |
| JHA detailing Shoring Plan | YES ☐ | NO ☐ |
| Training Records | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/ EH&S: YES ☐ NO ☐ | | |

### 5. Demolition

| | | |
|---|---|---|
| Have you the Contractor signed off on the LBNL Isolation Plan: Electrical, Gas, Water, Steam, or other Utilities? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Demolition Plan***: | | |
| JHA detailing the scope of work | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/ EH&S: YES ☐ NO ☐ | | |

### 6. Traffic Control

| | | |
|---|---|---|
| Will this work scope require ANY road disruptions? | YES ☐ | NO ☐ |
| Will this work require LBNL Security escort for over-sized loads | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Traffic Control***: | | |
| Traffic Plan | YES ☐ | NO ☐ |
| Training Records for Flaggers | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/ EH&S: YES ☐ NO ☐ | | |

### 7. Scaffold

| | | |
|---|---|---|
| Will Scaffold be used on this project? | YES ☐ | NO ☐ |
| Tubular & Coupler Scaffolding | YES ☐ | NO ☐ |
| Rolling Scaffold | YES ☐ | NO ☐ |
| Mobile Scaffold | YES ☐ | NO ☐ |
| Mason/Bricklayers Scaffold | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Scaffold:*** | | |
| Training Records for each person erecting, disassembling scaffold. | YES ☐ | NO ☐ |
| A Written Fall Protection Plan | YES ☐ | NO ☐ |
| Training Records for Fall Protection | YES ☐ | NO ☐ |
| Training Records for "End User" Scaffold | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/ EH&S: YES ☐ NO ☐ | | |

## 8. Hazardous Energy Control

| | |
|---|---|
| 1. Will you be doing any work that requires LOTO as specified by applicable local, state & federal regulations?<br>*LOTO is Lockout/Tagout/Block-out, where a person uses a lock, tag, and/or block to isolate a hazardous energy source prior to working.* | YES ☐ NO ☐ |
| 2. Are you doing electrical work? | YES ☐ NO ☐ |
| 3. Are you removing or opening any electrical equipment covers of electrical equipment? For example boxes, panels, disconnect switches, etc. | YES ☐ NO ☐ |
| 4. Are you doing any work (including non-electrical) within 4 feet of open or exposed live electrical equipment? | YES ☐ NO ☐ |
| 5. Are you doing any demolition work that will remove electrical equipment, walls, partitions, building structures, piping systems, ducts, etc.? | YES ☐ NO ☐ |
| 6. Is there an energy hazard associated with your work or near your work?<br>[ ] Electrical [ ] Mechanical [ ] Pneumatic [ ] Chemical<br>[ ] Hydraulic [ ] Water [ ] Steam [ ] Gas | YES ☐ NO ☐ |
| 7. Will you be servicing, maintaining, or modifying equipment? | YES ☐ NO ☐ |
| 8. Are you working in the travel path of a crane, hoists, or other equipment that present crush or pinch hazards? | YES ☐ NO ☐ |
| 9. Are you working on any piping systems? For example, water, chemical, HVAC, oil, air, etc. | YES ☐ NO ☐ |
| 10. Are you working on installing, repairing or modifying rotating equipment? | YES ☐ NO ☐ |
| **If any question has a YES answer, you must complete the LOTO workbook.** | |

## 9. Aerial Lifts

| | | |
|---|---|---|
| Will Aerial Lifts be used on this project? | YES ☐ | NO ☐ |
| Aerial Lift,<br>Articulating Boom Lift<br>Scissor Lift<br>Man-Lift | YES ☐<br>YES ☐<br>YES ☐<br>YES ☐ | NO ☐<br>NO ☐<br>NO ☐<br>NO ☐ |
| ***Contractor must submit the following items for Aerial Lifts:***<br>Training Records for each person operating lift.<br>EH&S to complete: are training records on file w/ EH&S: YES ☐ NO ☐ | YES ☐ | NO ☐ |

## 10. Cranes & Heavy Equipment

| | | |
|---|---|---|
| Will the work require use of the following equipment? | YES ☐ | NO ☐ |
| Backhoe, Loader, Excavator | YES ☐ | NO ☐ |
| Crane Over 3 Tons | YES ☐ | NO ☐ |
| Forklift | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Crane Heavy Equipment:***<br>Cranes current annual inspection certification:<br>Cranes quadrennial proof load test certification:<br>Crane operator license:<br>Forklift Certification/License:<br>EH&S to complete: are training records on file w/ EH&S: YES ☐ NO ☐ | <br>YES ☐<br>YES ☐<br>YES ☐<br>YES ☐ | <br>NO ☐<br>NO ☐<br>NO ☐<br>NO ☐ |

## 11. Fire Protection & Prevention

| | | |
|---|---|---|
| Will work include the use of open flames such as torches, welders, grinders, tar pots or any other tool or process/procedure that could cause sparks or open flames? | YES ☐ | NO ☐ |
| Will work be performed near combustible storage containers? | YES ☐ | NO ☐ |
| Will there be on-site refueling? | YES ☐ | NO ☐ |
| Has the Fire Watch been training in the use of fire extinguisher and emergency procedures for the work being performed? | YES ☐ | NO ☐ |

## 12. Ladders

| | | |
|---|---|---|
| Will Ladders be used on this project? | YES ☐ | NO ☐ |
| 6’ or smaller A-Frame Ladder | YES ☐ | NO ☐ |
| 12’ or greater A-Frame Ladder. | YES ☐ | NO ☐ |
| Extension Ladder over 24’ | YES ☐ | NO ☐ |
| ***Contractor must submit a Fall Protection Plan for ladders if working above 6’***<br>EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | YES ☐ | NO ☐ |

## 13. Steel Erection and Assembly

| | | |
|---|---|---|
| Will steel erection be apart of this work scope? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Steel Erection and Assembly***:<br>A Site-Specific Erection plan<br>A Fall Protection Plan (ANSE/ASSE Z359 included) | <br>YES ☐<br>YES ☐ | <br>NO ☐<br>NO ☐ |

## 14. Roofing Work for ROOFERS (repair, installation of roof)

| | | |
|---|---|---|
| Will roofing or roof top repairs be performed within 6' of the leading edge? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Roofing Work***<br>A Fall Protection Plan indicating the fall protection system to be used for roofing work 6' or more above lower levels and 6' from an unprotected edge. ( include ANSE/ASSE Z359)<br>Training Records for all person working on the roof<br>EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | YES ☐<br><br>YES ☐ | NO ☐<br><br>NO ☐ |

## 15. Fall Protection for NON ROOFERS performing work on roof tops

When working on a flat roof, employees shall remain 15-ft. back from the edge and use a flag warning system. If the work requires employees to work within 15-ft. from the edge they will be protected by a fall protection system.

| | | |
|---|---|---|
| Will this work scope require non-roofers to work within 15 ft of the leading edge? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Fall Protection for NON ROOFERS***<br>Fall Protection Plan (ANSE/ASSE Z359 included)<br>Training Records<br>EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | <br>YES ☐<br>YES ☐ | <br>NO ☐<br>NO ☐ |

## B. INDUSTRIAL HYGIENE

*Certain existing building components or materials that may be impacted by the work of this project are known or presumed to contain hazardous materials including, but not limited to, asbestos and lead. Comply with the applicable abatement sections and safety requirements of the contract documents. Should the contractor(s) or subcontractor(s) determine or believe that any building component or material, not already noted as containing a hazardous material, contains asbestos, lead, or other hazardous material, they shall notify LBNL immediately. Common building materials that contain asbestos at LBNL include floor tile and mastic, sheetrock and taping compound, pipe insulation, fire doors, and transite. Paint surfaces and settled dust commonly contain lead. Prior to disturbing building materials check with LBNL to evaluate the hazard and prescribe controls.*

*Building materials that contain hazardous materials such as asbestos, lead, and mercury must be approved by Facilities Construction Management prior to installing.*

*Per DOE's Worker Protection Rule (10 CFR 1910.851), the subcontractor is required to perform their own exposure assessments for hazardous materials.*

**Hazard Communication/Toxic Substances**

| | | |
|---|---|---|
| Will the scope of your work require the use of hazardous substances? If so, check all that apply below and include requested information. | YES ☐ | NO ☐ |

**16. Hazardous Materials**

| | | |
|---|---|---|
| Will the work involve the use of any chemicals, such as paints, solvents, adhesives, epoxy coatings; fuels or other hazardous materials? | YES ☐ | NO ☐ |
| Are all personnel using these materials trained in safe handling? | YES ☐ | NO ☐ |
| Will emergency eyewash and shower be available near the worksite? If NO, provide at a minimum, a portable eyewash station that is capable of providing 15 minutes of continuous water flow (handheld squeeze bottle type is not allowed). | YES ☐ | NO ☐ |
| Will employees be exposed to airborne concentrations of hazardous gas, fume, dust or mist? | YES ☐ | NO ☐ |
| Will MSDS be available to the workers onsite? | YES ☐ | NO ☐ |
| Will Respirators be required? | YES ☐ | NO ☐ |
| Describe the type of respiratory equipment to be used:_____ _____ _____ | | |

## 17. Confined Space Entry

**Confined Space Entry permit are obtained from the LBNL Project Manager**.

| | | |
|---|---|---|
| Will the scope of your work require you to be working in a confined space (including manholes) where combustible, toxic, or other hazardous materials may be present? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Confined Space Entry:*** | | |
| ***JHA for Confined Space (link)*** | | |
| Sub's Confined Space Program | YES ☐ | NO ☐ |
| Atmospheric testing records | YES ☐ | NO ☐ |
| Entry Permits (ongoing submittals) | YES ☐ | NO ☐ |
| Training records | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | YES ☐ | NO ☐ |

## 18. Welding / Hot Cutting

| | | |
|---|---|---|
| Will the work involve welding/cutting steel at paint surface? ***Request surface area be testing for Lead*** | YES ☐ | NO ☐ |
| Will the work involve welding/cutting stainless steel? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for non lead related (i.e., new steel construction)*** | | |
| Qualitative ½ mask negative pressure respirator fit test records | YES ☐ | NO ☐ |
| Medical approval to wear respirators | YES ☐ | NO ☐ |
| Respirator Program | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | | |
| ***Contractor must submit the following items for lead related welding/hot cutting where lead paint exists or has been abated:*** | YES ☐ | NO ☐ |
| Quantitative full face-piece Powered Air Purifying Respirator (PAPR) fit test records | YES ☐ | NO ☐ |
| Medical approval to wear respirators | YES ☐ | NO ☐ |
| Documentation that workers have received lead awareness training. | YES ☐ | NO ☐ |
| Respirator Program | YES ☐ | NO ☐ |
| Blood lead baseline sample results (excluding employee SSNs) | | |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | | |
| ***Contractor must submit the following items for stainless steel welding/hot cutting:*** | YES ☐ | NO ☐ |
| Quantitative full face-piece negative pressure respirator fit test records. | YES ☐ | NO ☐ |
| Medical approval to wear respirators | YES ☐ | NO ☐ |
| Documentation of hexavalent chromium training. | YES ☐ | NO ☐ |
| Respirator Program | | |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | | |

## 19. Lead Paint Removal

| | | |
|---|---|---|
| Will the work involve sanding, grinding, scraping, brazing, cutting, welding, or otherwise disturbing painted surfaces in such a way that lead particles may become airborne? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Lead Paint Removal:*** | | |
| JHA that addresses lead hazards | YES ☐ | NO ☐ |
| Site Specific Lead Compliance Plan | YES ☐ | NO ☐ |
| Respiratory Protection Program | YES ☐ | NO ☐ |
| Company's Lead Compliance Program | YES ☐ | NO ☐ |
| Air Monitoring Data (ongoing submittal item) | YES ☐ | NO ☐ |
| Department of Health Services Lead Worker Training Certificates | YES ☐ | NO ☐ |
| Full face-piece negative pressure respirator quantitative fit test | YES ☐ | NO ☐ |
| Medical approvals for respirator use | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | | |

## 20. Asbestos

| | | |
|---|---|---|
| Will the work require asbestos removal? | YES ☐ | NO ☐ |
| Has a 10 day notification to (BAAQMD) been submitted for renovations involving RACM greater than or equal to 100 linear feet 100 sq ft, or 35 cu ft prior to renovations? | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Asbestos***: | | |
| Site Specific Asbestos Compliance Plan | YES ☐ | NO ☐ |
| JHA addressing asbestos hazards | YES ☐ | NO ☐ |
| Respiratory Protection Program | YES ☐ | NO ☐ |
| Air Monitoring Data (ongoing submittal item) | YES ☐ | NO ☐ |
| Company's Asbestos Program | YES ☐ | NO ☐ |
| AHERA Asbestos Worker Training Certificates | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | | |

## 21. Painting Walls

| | | |
|---|---|---|
| Does the scope of your work include sanding walls and/or ceilings or washing of exterior walls? | YES ☐ | NO ☐ |
| Does the scope of work include painting how will the paint be applied: | | |
| Spraying | YES ☐ | NO ☐ |
| Rolled | YES ☐ | NO ☐ |
| ***Contractor must submit the following items for Painting Walls***: | | |
| JHA detailing the work plan | YES ☐ | NO ☐ |
| Respiratory Protection Program | YES ☐ | NO ☐ |
| Qualitative respirator fit test records | YES ☐ | NO ☐ |
| Medical approval to wear respirators | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | | |

## 22. Sanitation

| | | |
|---|---|---|
| Will the company provide washing facilities and toilets as required? | YES ☐ | NO ☐ |

## 23. Silica Dust

| | | |
|---|---|---|
| Will work involve jack-hammering, roto-hammering, drilling, grinding or other disturbance of concrete or use of products that contain crystalline silica that might create silica dust? Wet slab/wall concrete cutting, drilling, and coring or cutting/sanding drywall or joint compound? | YES ☐ | NO ☐ |
| Describe below the method of dust control and control of worker and other persons who could be exposed.<br>_____<br>_____<br>_____ | | |
| ***Contractor must submit the following items***<br>**Indoor work** will require: Full face-piece negative pressure respirators for indoor work. (quantitative fit test records).<br>**Outdoor work** will require at a minimum: ½ mask negative pressure respirator. (qualitative fit test records). | | |
| Medical approvals to wear respirators. | YES ☐ | NO ☐ |
| Documentation of silica hazards awareness training. | YES ☐ | NO ☐ |
| Respirator Program | YES ☐ | NO ☐ |
| JHA describing silica hazards | YES ☐ | NO ☐ |
| EH&S to complete: are training records on file w/EH&S: YES ☐ NO ☐ | YES ☐ | NO ☐ |

## 24. Heat Stress Program

| | | |
|---|---|---|
| Is Heat Stress a potential Hazard for this work? | YES ☐ | NO ☐ |
| Will a rest area be provided in a cooler environment? | YES ☐ | NO ☐ |
| Will the company provide drinking water, cups and waste receptacle? | YES ☐ | NO ☐ |
| Has training on recognizing the signs & symptoms of heat stress & heat stroke been provided to workers and supervisors? | YES ☐ | NO ☐ |

## 25. Ergonomics Program

| | | |
|---|---|---|
| Does your company have an Ergonomics Program | YES ☐ | NO ☐ |

## 26. Radiation and Laser Safety

The LBNL Project Manager must be notified one work week in advance and a radiological work permit must be obtained from the LBNL EH&S Division

| | | |
|---|---|---|
| Will radioactive material/sources be used? | YES ☐ | NO ☐ |
| Will you be working on a class 3B or Class 4 laser or microwave source greater than 5mW/cm2? | YES ☐ | NO ☐ |
| Describe below:_____<br>_____<br>_____<br>_____ | | |

## 27. Storm Water Pollution Prevention Plan

| | | |
|---|---|---|
| Will a project specific SWPPP be submitted to LBNL for review? | YES ☐ | NO ☐ |

| | |
|---|---|
| SELLER'S REP (PRINT): | |
| SELLER'S SIGNATURE: | |
| DATE: | |
| PHONE: | |

FOR BERKELEY LAB USE ONLY

ENVIROMENT AND SAFETY HAZARDS CONTROL
REVIEW OF CHECK-LIST:

REVIEW STATUS:

☐**–Work may proceed.**
Only the LBNL Construction Safety Engineer, EH&S Safety Manager or designated alternatives may approve Safety Check List

☐**–EHS Reviewed with Comments:**_____

☐ **UNSATISFACTORY - WORK MAY NOT PROCEED**. Provide the following information: ☐ **RE-SUBMIT**

REVIEWED BY EHS: _____

REVIEWED DATE: _____

APPROVED BY: _____

APPROVED DATE: _____

# Construction Sign-in Sheet

**Name:** **Date: _____ Time: _____**

| **Print** | **Signature** |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Notes: Field Changes:

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