



# SITE SAFETY MANAGER/COORDINATOR – DAILY INSPECTION FORM



PROJECT INFORMATION				
Project Address:			Contractor:	
SSM/SSC Name:			License No.:	
Safety Orientation Held:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Workers on Site:	
Areas inspected by professional:		Time In:	Time Out:	
Bldg. 75' Date:	Bldg. Top Off Date:	Weather:	Am:	Pm:

	Company	Workers	Work Description / Location
1.			
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26.			

GENERAL SAFETY ITEMS		YES	NO	N/A
1.	Contractor weekly meeting held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Standpipe system available and in readiness, standpipe log updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Construction Fence inspected and up to code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Vertical netting inspected and up to code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Horizontal netting installed (Date installed: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Horizontal netting removed (Date removed: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Horizontal netting daily inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Guardrail systems and toe boards properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Verify all holes and/or openings are covered at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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10.	All stairways have standard handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Verify all signs are installed and contain required information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Deck Floor:	Walkable Floor:	Stripping Floor:	Stairs Floor (within 40’):
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MAINTENANCE OF SITE AND ADJACENT AREAS		YES	NO	N/A
1.	Public areas free of all tripping/slipping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Guards, shields and barricades separate public from potential hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Tripping hazards removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Adjacent property protected when required (Roof/window/overhead protection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNAGE AND HOUSEKEEPING		YES	NO	N/A
1.	Information Panel posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	“No Smoking” signs posted including staircase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	“No Entry” due to construction/ signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Flagmen as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Means of egress/ingress clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Sidewalk shed and street free of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Containers for garbage and debris provided, covered and secured when full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMOVAL AND STORAGE OF MATERIAL		YES	NO	N/A
1.	Debris chutes installed and maintained per code; plans and permits available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Materials are 10’ away from edge (5’ when perimeter is less than 1000 SF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Material secured on floor when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Combustible material and debris removed from site daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL HANDLING & HOISTING EQUIPMENT INSPECTIONS		YES	NO	N/A
1.	Approval certificates for crane, derrick and cableway operations on site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Permits for highway and street closings available on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Crane operators license available on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Crane schedule submitted by PE and approved on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Means of communication available within parties during hoist operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Flagger and control program in place during lifting and hoisting operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOGBOOK / DRAWINGS AND PERMITS		YES	NO	N/A
1.	Sidewalk shed supported scaffold log updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Suspended scaffold / Rigger’s log updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Permit log (DOB, DOT, DEP, FDNY) and permits posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Equipment log with manufacturer specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Fall arrest safety inspection log updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Approved sidewalk shed drawings/permits on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Approved supported scaffold drawings/permits on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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8.	Approved suspended scaffold drawings/permits on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Approved Site Safety Plans on site and spot check conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Active DOB and DOT work permit posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Noise/Dust mitigation plans posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Contractor toolbox talks conducted (in field office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Safety orientation log updated (in field office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	SST Card checked, scanned and logged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	4Hr Supported scaffold (All persons utilizing a supported scaffold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	16Hr Suspended scaffold (All persons utilizing a suspended scaffold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	32Hr Supported scaffold (All persons constructing supported scaffold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	32Hr Rigging foreman (Licensed Rigger or designated rigging foreman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Certificate of Fitness from employer (Rigging foreman)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### INCIDENTS

Accidents/Injuries to Workers/Public	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Report Filed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photos Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Photos Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### INSPECTIONS

Agency Inspection:  Yes  No      Agency: \_\_\_\_\_

Inspector's Name/Badge: \_\_\_\_\_

Violations/SWO Issued:  Yes  No      Date SWO Lifted: \_\_\_\_\_

### SHIFT SAFETY PERSONNEL

Shift Concrete Safety Manager Name: \_\_\_\_\_ License #: \_\_\_\_\_

Shift Fire Safety Manager Name: \_\_\_\_\_ License #: \_\_\_\_\_

### NOTES / OTHER ISSUES


<b>SSM / SSC Name:</b>		<b>License #:</b>	
<b>Signature:</b>		<b>Date:</b>	

<b>Alternate SSM / SSC Name:</b>		<b>License #:</b>	
<b>Signature:</b>		<b>Date:</b>	