

Oregon State University
OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY
CONSTRUCTION PROJECT SAFETY FORM

Send completed document to: EH&S, 130 Oak Creek Building, Corvallis, OR 97331-7405 prior to meeting.

Meeting Date: _____ Time: _____ Location: _____

Scope of Work: _____

Project #: _____ Job #: _____

Contractor: _____ Start: _____ Completion: _____

Contractor Foreman: _____ Wk #: _____ 24hr #: _____

OSU Project Mgr: _____ Wk #: _____ 24hr #: _____

Emergency Fire/Medical/Security #: 911

Confined Space to be accessed? Y or N Location: _____

If yes, review OSU program & contractor written confined space programs

Welding or hot work to be done? Y or N If yes, describe extinguisher, and fire watch, plan: _____

MSDS copies to be on job site and copies available to OSU Project Manager.

Lead paint involved? Y or N Describe hazard minimization plan: _____

Asbestos involved? Y or N Facil. Serv. Asbestos Coordinator contacted? Y or N

Hazard Waste Plan developed? Y or N Containers: _____ Storage Loc: _____

In the event of suspected hazardous material spill contact EH&S Wk #: 7-4038 or 24hr #: 7-7000.

Describe hazmat spill plan: _____

Will there be any open trenches or holes? Y or N Describe plan to barricade: _____

Internal combustion engines? Y N If yes, is CO monitoring required? Y N

Other air contaminants? Y or N If yes, describe: _____

Building air intake & return air locations: _____
(No chemical compounds to be used near functioning intake or return air locations.)

Material delivery or parking creating hazard? Y or N If yes, describe minimization plan: _____

No vehicle is allowed to park on sidewalk entrances/exits to steam tunnel (metal hatch cover).

Dust created? Y or N If yes, describe control plan: _____

Noise sources? List: _____

Describe noise control methods: _____

Crane to be used? Y or N If yes, describe plan: _____
(Loads will not be moved over or suspended above pedestrian occupied areas.)

Exterior chute to be used? Y or N If yes describe plan: _____

Construction area to be fenced? Y or N Type & location: _____

Fence to be locked? Y or N Job Trailer on site? Y or N To be locked? Y or N All contractor lock keys to Security Services dispatch and OSU Project Manager

Building exitways to be blocked or restricted at any time? Y or N If yes, describe ADA alternate routes and overall egress plan: _____

Will project create interior hazards to building occupants? Y or N If yes, describe hazards and minimization plan:

Lock changes planned? Y or N If yes, describe location and responsible party: