KENTUCKY TRANSPORTATION CABINET

**DIVISION OF CONSTRUCTION**

### PRE-CONSTRUCTION SAFETY AND HEALTH CHECKLIST

In accordance with the requirements set forth in Sections 107.01.01 and 107.08 of the 2012 Standard Specifications for Road and Bridge Construction, public and employee safety is the responsibility of the contractor. Any violations ofthe Kentucky Occupational Safety and Health (KOSH) Standards or situations involving danger to the public or employees must immediately be addressed and corrected by the contractor. In addition, the Cabinet expects the contractor to provide, as required, any specific information and training to our Cabinet inspectors on hazardous chemicals or other special hazards present on the work site project which expose Cabinet inspectors to potential injury or death.

* Who in your company is responsible for coordinating your safety and health program?

Name & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number ()\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is safety and health a full time position in your company? YES \_\_\_ NO \_\_\_

On this project? YES \_\_\_ NO \_\_\_

If yes, name and title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does your company perform safety audits? YES \_\_\_ NO \_\_\_

How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, are safety audits documented? YES \_\_\_ NO \_\_\_

* Does your company have a written safety and health program? YES \_\_\_ NO \_\_\_

The Company’s safety and health program should address all aspects of safety for the worksite including, but not limited to, personal protective equipment, first aid, housekeeping, sanitation, hazard identification and response, chemical storage, training, etc.

***NOTE: The Department reserves the right to request a copy of the Contractor’s Construction Safety Program at any time during the project.***

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**CONTRACTOR SAFETY LIAISON**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRIME CONTRACTOR’S SIGNATURE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CABINET REPRESENTATIVE**