

Link to Excel Sheet: [PTP](https://sametcorpnc-my.sharepoint.com/personal/matuck_sametcorp_com/Documents/WIP/Safety/Samet%20PTP%20Form.xls)

 This checklist must be filled out by a supervisor at the beginning of each day, and prior to the beginning of a new job/task.

|  |  |
| --- | --- |
| **Job Description:**  |  |
| **Location:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **NA** |
| **PPE** |  |  |  |
| Face Shield |  |  |  |
| Gloves |  |  |  |
| Hearing Protection |  |  |  |
| Respirators |  |  |  |
| * Proper / Appropriate
 |  |  |  |
| * Training
 |  |  |  |
| * Fit test
 |  |  |  |
| * Medical
 |  |  |  |
| Safety toe Shoes |  |  |  |
| Safety Glasses |  |  |  |
| Hard Hat (bill forward) |  |  |  |
| Reflective Clothing |  |  |  |
| Proper clothing: long pants, 4” sleeve on shirt |  |  |  |
| **HOUSEKEEPING** |  |  |  |
| Aisles, stairwells, doors, electric panels clear |  |  |  |
| Cords off floor |  |  |  |
| Materials stored and stacked neatly |  |  |  |
| Floors swept daily |  |  |  |
| Flammables stored separately |  |  |  |
| Proper lighting |  |  |  |
| Egress marked |  |  |  |
| Trash cans provided |  |  |  |
| **FIRE PROTECTION** |  |  |  |
| No smoking in wood buildings |  |  |  |
| Fire extinguishers charged/in place |  |  |  |
| Fire watch as required |  |  |  |
| Hot work permit as required |  |  |  |
| **POWER TOOLS** |  |  |  |
| Inspected Daily |  |  |  |
| Cords in good condition |  |  |  |
| Plug UL approved for tool |  |  |  |
| Guards in place |  |  |  |
| **HAND TOOLS** |  |  |  |
| Inspected daily (see attached form) |  |  |  |
| In good condition |  |  |  |
| Tools tethered @ elevated work |  |  |  |
| **STRAIGHT LADDERS** |  |  |  |
| Inspected daily (see attached form) |  |  |  |
| Tied off |  |  |  |
| Extend 3’ above landing |  |  |  |
| Set up 4:1 20:5 |  |  |  |
| Work between rails/no leaning |  |  |  |
| **STEP LADDERS (>250#)** |  |  |  |
| Inspected daily |  |  |  |
| Fully opened and locked |  |  |  |
| Work between rails/no leaning |  |  |  |
| No straddling / sitting on |  |  |  |
| Only 1 person on a ladder |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **NA** |
| **SCAFFOLDS (>6’)** |  |  |  |
| Competent person |  |  |  |
| Inspected daily |  |  |  |
| Solid footing, bases, mud sills |  |  |  |
| Fully planked |  |  |  |
| Top rails / mid rails / toe boards |  |  |  |
| Secured / tied off |  |  |  |
| **FALL PROTECTION SYSTEMS** |  |  |  |
| Trained & competent person |  |  |  |
| PFAS Worn properly |  |  |  |
| Proper anchor points |  |  |  |
| Harness & Lanyard inspected daily |  |  |  |
| All openings guarded |  |  |  |
| Roof and floor penetrations guarded & labeled |  |  |  |
| 100 % tie off as required |  |  |  |
| **MECHANIZED EQUIPMENT** |  |  |  |
| Inspected daily |  |  |  |
| Trained and competent operators |  |  |  |
| Audible backup alarms |  |  |  |
| Seat belt worn |  |  |  |
| Chain secured/latch closed |  |  |  |
| **MATERIAL HANDLING** |  |  |  |
| Load secured |  |  |  |
| Daily crane inspection |  |  |  |
| Proper Lifting techniques |  |  |  |
| Proper Equipment – Weight Limits |  |  |  |
| Slings, chokers, chain inspected |  |  |  |
| Tag lines needed |  |  |  |
| Spotter as required |  |  |  |
| Qualified rigger |  |  |  |
| Knowledge of signals |  |  |  |
| Stretch before lifting |  |  |  |
| **TRENCHING/EXCAVATION** |  |  |  |
| Competent person: |  |  |  |
| Utilities – verified and marked, 811 Called |  |  |  |
| Soil type – Rock A B C |  |  |  |
| Barricades |  |  |  |
| 4 feet deep = ladder every 25 feet |  |  |  |
| 5 feet deep = shoring, sloping, etc. |  |  |  |
| 4 feet deep – air testing if hazard exists |  |  |  |
| **ELECTRICAL** |  |  |  |
| GFCI protection |  |  |  |
| Energized panels covered and locked |  |  |  |
| PPE – FR clothing, v rated tools etc. |  |  |  |
| Extension cords inspected (14AWG >) |  |  |  |
| Ground pins intact |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SEPARATE PERMITS REQUIRED** | **YES** | **NO** | **NA** |
| Excavating/Barricade |  |  |  |
| Hot Work (Welding/cutting) |  |  |  |
| Hot Work (Electrical) |  |  |  |
| Confined Space |  |  |  |
| Shutdown/Tie-In |  |  |  |
| Roof/Floor/Wall Penetration |  |  |  |
| Lift Plan |  |  |  |
| Unusual Job Plan  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **NA** |
| **SIGNS AND BARRICADES** |  |  |  |
| Red tape – warning signs attached |  |  |  |
| Yellow tape |  |  |  |
| Warning signs with names of contractor and contact person & phone number |  |  |  |
| > 48 hours – permanent barricades |  |  |  |
| **LOCKOUT / TAGOUT** |  |  |  |
| ID isolation points – written procedure |  |  |  |
| Locks for all authorized persons |  |  |  |
| Tags available (name, date, company) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Have there been any incidents and accidents today?** |  | **Yes:** [ ]  | **No:** [ ]  |
|  | **If Yes, have they been reported to Samet?** |  | **Yes:** [ ]  | **No:** [ ]  |

**Comments / Additional Information and/or Instructions:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Contractor:**  |  |
| **Supervisor:**  |  | **Date:**  |  |

|  |  |  |
| --- | --- | --- |
| **Crew Names:** | **Initials (AM Review)** | **Initials (PM Review)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

##