



Project Manager Site Review

Form OHS-0000

A Project Information		
StFX Project Manager:	Date:	Time:
Contractor:	Jobsite/Project:	

B Site Review					
Item	Safe	Unsafe	N/A	Person Responsible	Corrective Action Date
Administrative					
Safety Program/Policy/Act/Regs Posted/Available					
Toolbox meeting held					
Hazard assessment completed					
Emergency procedures & numbers posted					
MSDS/SDS available					
PPE					
Appropriate PPE worn					
Guardrails/Barricades					
Located where required					
Properly constructed/secured					
Ladders/Scaffold					
Secured/tied off					
Proper size & type					
Safe, usable condition					
Aerial Work Platform					
Properly used					
Fall arrest used					
Fire Protection / First Aid					
Appropriate size & type extinguisher available					
First aid kit available					
Housekeeping					
Clear walkways/access					
Clear work areas					
Garage/debris in controlled piles/bins					
Fall Protection					
Adequate fall protection being used					
Procedure/plan being used/followed					
Confined Space					
Procedure/plan being used/followed					
Trenching & Excavation					
Procedure/plan being used/followed					
Energy Isolation					
Procedure/plan being used/followed					

C Management Review		
Name:	Signature:	Date:
<i>Note: The StFX Project Manager Review does not relieve the contractor of doing their own site safety review/audit/inspection or of their responsibility to provide a safe and healthy jobsite and work environment to their employees, StFX employees, students, faculty and the public.</i>		