



SAFETY DOCUMENT SUBMITTAL LOG AND CHECKLIST NJSDA FORM 8

INSTRUCTIONS: This form is to be utilized by the Prime Contractor as a checklist for safety related documents. It shall be dated and signed off by the Prime Contractor Safety Coordinator and Inspector. This form shall be filed at the site by the Prime Contractor.

CHECKLIST:

Written Site Specific Safety and Health Plans for contractors and subcontractors.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hazard communication program, including current Material Safety Data Sheets.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Contractor and subcontractor daily job site safety inspection reports, including documentation of corrective measures.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Documentation of weekly toolbox safety meetings, including names of employees and topics.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Accident investigation reports, including "near-miss" incidents.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Competent Person qualifications and identification.	<input type="checkbox"/> YES <input type="checkbox"/> NO
OSHA Forms 300 and 300a.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Hazard Analysis.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Copies of weekly safety inspection reports.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Progress/Coordination Meeting minutes.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Any other safety documents required by contract.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section 4.0 of the SDA Safety Manual, 'Safety Related Meetings and Training'; identifies the safety related meetings to be conducted by the CM, Prime Contractor, and subcontractors. The Manual specifies that the General Contractor should maintain documentation of the specific meeting, content and attendance for the following project safety meetings:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Safety Orientation Training/Meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Toolbox Safety Meetings	<input type="checkbox"/> YES <input type="checkbox"/> NO
Progress/Coordination Meetings	<input type="checkbox"/> YES <input type="checkbox"/> NO
Weekly Safety Meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pre-Shift Hazard Recognition Training/Meeting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Workers' Compensation, Builders' Risk and General Liability Review and Management Meetings	<input type="checkbox"/> YES <input type="checkbox"/> NO
Required Training by Trade	<input type="checkbox"/> YES <input type="checkbox"/> NO

Sign Off: *(Print name / signature)*

Date: