

Sample weekly checklist for construction projects

Date of Report: _____ Project #: _____ Project: _____
 Project Manager: _____ Contractor: _____ Project % Complete: _____
 Superintendent: _____ Architect: _____
 Area of Inspection: _____ Date/Time of Inspection: _____

1. Temporary Construction Barriers:

- a. Wall constructed of noncombustible materials and is smoke-tight? ☐ Yes ☐ No ☐ NA
- b. Construction/authorized personnel signs? ☐ Yes ☐ No ☐ NA
- c. Doors properly closed and sealed? ☐ Yes ☐ No ☐ NA
- d. Walk-off mats before and after door? ☐ Yes ☐ No ☐ NA
- e. Walk-off mats properly maintained? ☐ Yes ☐ No ☐ NA
- f. Lockable door in place—padlock? ☐ Yes ☐ No ☐ NA
- g. Notes: _____

2. Air Handling/Dust Control:

- a. All windows closed behind barrier? ☐ Yes ☐ No ☐ NA
- b. Negative air at barrier entrance checked and verified? ☐ Yes ☐ No ☐ NA
- c. Negative air machine running? ☐ Yes ☐ No ☐ NA
- d. Documentation of filter service? ☐ Yes ☐ No ☐ NA
- e. HVAC ducts (supply & return) sealed? ☐ Yes ☐ No ☐ NA
- f. Notes: _____

3. Project Area:

- a. Debris removed in covered container? ☐ Yes ☐ No ☐ NA
- b. Trash in appropriate containers? ☐ Yes ☐ No ☐ NA
- c. Routine cleaning done in patient care area adjacent to job site by construction crew or housekeeping as needed? ☐ Yes ☐ No ☐ NA
- d. Staging of materials and supplies in isolated secure room? ☐ Yes ☐ No ☐ NA
- e. Notes: _____

4. Traffic Control:

- a. Job site restricted to construction workers & necessary staff only? ☐ Yes ☐ No ☐ NA
- b. Patient traffic separated by time or space from construction traffic flow activity? ☐ Yes ☐ No ☐ NA
- c. Patient waiting in direct path of construction traffic flow? ☐ Yes ☐ No ☐ NA
- d. Notes: _____

Sample weekly checklist for construction projects (cont.)

5. Dress Code:

- a. Appropriate for the area (OR, CSS, OB)? ☐ Yes ☐ No ☐ NA
- b. Obscene/inappropriate messages on clothing? ☐ Yes ☐ No ☐ NA
- c. Notes: _____

6. Fire Safety Equipment/Interim Life Safety:

- a. Fire extinguishers in place and properly labeled? ☐ Yes ☐ No ☐ NA
- b. A copy of fire procedure poster is displayed? ☐ Yes ☐ No ☐ NA
- c. Egress maps are posted, alternative exiting is developed and noted if necessary? ☐ Yes ☐ No ☐ NA
- d. Fire drill conducted in this area if required (extra drills if project is longer than six weeks)? ☐ Yes ☐ No ☐ NA
- e. Have all exit doors been checked to ensure they are not bolted and that they open freely? ☐ Yes ☐ No ☐ NA
- f. Are all means of egress clear and unobstructed? ☐ Yes ☐ No ☐ NA
- g. Are there at least two means of egress from all areas? ☐ Yes ☐ No ☐ NA
- h. Are emergency lights provided for the path of egress? ☐ Yes ☐ No ☐ NA
- i. Have occupants been trained on alternative routes if required? ☐ Yes ☐ No ☐ NA
- j. Detectors taken out of service are enabled at end of day? ☐ Yes ☐ No ☐ NA
- k. Security watch instituted if necessary? ☐ Yes ☐ No ☐ NA
- l. Is the original building fire alarm system operational? ☐ Yes ☐ No ☐ NA
- m. Is an equivalent fire alarm system required and tested monthly? ☐ Yes ☐ No ☐ NA
- n. Notes: _____

7. Personal Safety Equipment:

- a. Hard hats are in use by all personnel when required? ☐ Yes ☐ No ☐ NA
- b. Eye & ear protection is available and in use if needed? ☐ Yes ☐ No ☐ NA
- c. Is a sign requiring use of hard hats visible? ☐ Yes ☐ No ☐ NA
- d. Notes: _____

8. Hazard Communication:

- a. Material Safety Data Sheets are on-site for all chemicals being used? ☐ Yes ☐ No ☐ NA
- b. An inventory of all chemicals has been submitted to Practice Manager? ☐ Yes ☐ No ☐ NA
- c. Notes: _____

Sample weekly checklist for construction projects (cont.)

9. Utilities Interruptions:

a. Appropriate notice has been given on utility shutdowns?

☐ Yes ☐ No ☐ NA

b. Departments affected have been notified?

☐ Yes ☐ No ☐ NA

c. Notes: _____

10. Smoking Policy:

a. Nonsmoking policy is enforced?

☐ Yes ☐ No ☐ NA

b. Evidence of smoking is visible?

☐ Yes ☐ No ☐ NA

c. Notes: _____

11. Asbestos Survey:

a. Asbestos survey has been completed & abated if necessary?

☐ Yes ☐ No ☐ NA

b. Notes: _____

12. Other observations: _____

All items with "No" as the response must be corrected or mitigated within 24 hours.