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| --- | --- | --- | --- | --- | --- | --- |
| Project: | | |  | W/O #: | | |
| VT Project Manager: | | |  | | | |
| Work Site Location(s): | | |  | | | |
| Applicable Date(s): | | |  | | | |
| Contractor Name: | | |  | | | |
| Description of project: | | |  | | | |
|  |  |  | | |  | |
| **Topic** | | | | | |  |
| **1. Will the building be occupied?**   * Will there be a road closure? If so, PM notify the Fire Department. Yes No * Do not block hallways, stairways, exits, or means of egress with furniture/equipment. | | | | | | Yes No |
| **2. Asbestos/lead present?**   * If yes, review the Inspection Report. * Will it be abated prior to work? Yes No * Who will be performing abatement? * Who will be the Project Monitor? * Does the contractor(s) have proper training? | | | | | | Yes No |
| **3. Substantial fencing and barricades necessary?**   * Minimum PPE requirements posted? Other signage necessary (ex. detour, noise, etc.)? * Will pedestrian traffic be affected? How controlled? | | | | | | Yes No |
| **4. Will the work require entry into a confined space?**   * If yes, inform the Contractor about known hazards and entry history for each space that they will enter. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Does Contractor have its own Confined Space Program. Yes No | | | | | | Yes No |
| **5. Will hazardous chemicals be present?**   * Will the Contractor be using hazardous chemicals in occupied buildings/spaces or in public areas (i.e. 2-part epoxy, etc.)? If yes, provide MSDS’s to EHS prior. Yes No * Will work be performed on the roof where fume hoods are present? Yes No If yes, refer to the Roof Access Policy. Access issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * What roofing system will be used – Carlisle or Firestone? | | | | | | Yes No |
| **6. Will nuisance dust/fumes/noise be created in an occupied space? Controlled?**   * If yes, MSDS’s must be available upon request (in case of complaints). * Dust from suspect silica operations sufficiently controlled? Yes No | | | | | | Yes No |
| **7. Will work involve fall hazards?**   * Will the roof be accessed? Yes No Fall protection provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Note: mobile anchor points on roofs required manufacturer training before use! * Will permanent fall protection systems be installed? Yes No What? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Will overhead work (i.e. scaffolds, manlifts) affect pedestrians/traffic below? Yes No | | | | | | Yes No |
| **8. Will work involve electrical or mechanical systems in existing facilities?**   * LOTO activities must comply with OSHA regulations for all hazardous energy sources being de-energized prior to beginning work? Yes No * Locks and tags required on campus. * Limited Approach Boundary or Arc Flash Boundary (whichever is greater) established for all energized electrical work in public areas? Yes No * Will the electrical work require a power outage for the department? Yes No * Will work be performed in electrical research areas? Yes No | | | | | | Yes No |
| **9. Will Hot Work be performed in existing facilities/occupied buildings?**   * If yes, Contractor must have, and implement, a Hot Work Permit Program. | | | | | | Yes No |
| **10. Will excavation/trenching work be performed by the Contractor?**   * Excavation contractor/competent person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Miss Utilities markings current (i.e. within 15 days)? Yes No * Gas lines - tracer wire damaged or piping nicked-contact Atmos Energy for review. * Contractor aware of Virginia’s **Reverse Signal Operations** standard? Yes No | | | | | | Yes No |
| **11. Will work involve a mobile crane?**   * Will the crane be lifting substantial loads over occupied buildings and/or public areas, or could the object enter the building envelope? Yes No Estimated maximum load? * Tunnels/vaults/utilities present at set up site that must be protected? Yes No * Operator certification and annual crane inspection available upon request? Yes No * Contact the Virginia Tech Airport at 231-4444 to discuss location and height. Submit a Notice of Proposed Construction or Alteration form to the FAA, if required. | | | | | | Yes No |
| **12. Will fire detection/suppression systems in occupied buildings be disabled or altered?**   * Third party fire watch services required? Yes No Who? | | | | | | Yes No |
| **13. Is the work area in a building/space where lab access needs to be coordinated?**   * If yes, complete Lab Access Form. | | | | | | Yes No |
| **14. Does the Contractor have personnel trained in first aid and CPR on site?** | | | | | | Yes No |
| **15. Will new boiler/pressure vessels be installed that require inspection?**   * Notify Risk Management to schedule third party insurance inspection. | | | | | | Yes No |
| **16. Will there be recycling needs?**   * What? | | | | | | Yes No |
| **17. Will temporary traffic control measures be necessary for road/lane closures?**   * Virginia Work Area Protection Manual procedures must be followed. | | | | | | Yes No |

* Contractors are solely responsible for safety of their crews and subcontractors.
* Contractors shall not create hazards for VT employees, students, or visitors.
* VT Alert notification/sign up is provided in the Guide.