

OSU Construction and Maintenance Safety Form

Send completed document to EH&S at least 1 week before starting work or preconstruction meeting.

Date: _____ Project: _____

Start Date: _____ Completion date: _____

Contractor: _____ Contact: _____

Work # _____ 24 hr #: _____

OSU Project Mgr: _____ Work / 24hr #'s: _____

Dept Contact: _____ OSU EH&S Contact: _____

Preconstruction meeting? **Y N** Date/Time/Location: _____

For the following items, prepare answers on a separate sheet for all items marked "Yes". Precede each answer with the appropriate item number. All boxes need to be checked

Y	N	For This Project	If YES, then:
		1 Will any confined spaces be accessed?	Describe location of entry Specify location of permit Notify EH&S prior to entry
		2 Will hot work be performed (welding, cutting, brazing, etc.)?	Provide min. 5# 2A10BC extinguisher within 10 ft If indoors - provide and describe ventilation
		3 Any products brought to campus?	Provide MSDS on site prior to first use; Make available to OSU on request
		4 Will lead paint be impacted?	Describe plan to limit contamination
		5 Will asbestos-containing-material be impacted?	Coordinate with OSU asbestos manager
		6 Will <u>any</u> materials (construction debris, soil, water, etc) be removed from campus?	Describe in detail identity and disposition of material (how, where)
		7 Any open trenches or holes?	Describe isolation procedures (see "OSU Construction Project Isolation Requirements" document)
		8 Will a crane be used?	Describe crane safety plan (include plan to prevent loads above occupied areas)
		9 Is this project building a new facility, a major remodel?	Provide Site Safety plan Describe isolation procedures (see "OSU Construction Project Isolation Requirements" document)
		10 Is this a minor remodeling project?	Provide, or fill out model Site Safety Plan form (page 4) Describe isolation procedures (see "OSU Construction Project Isolation Requirements" document)
		11 Will air contamination be produced (e.g. dust, CO, solvent vapors, VOCs, odors)?	Describe project ventilation and isolation Indicate position of building air intake(s)
		11 Will there be noise > 85 dB?	Describe noise minimization plan
		12 Will this project use a scaffold or an external chute?	Describe isolation, dust control, installation
		13 Will this project involve a working surface >6' above a lower level	Describe fall protection

EH&S Review: _____ Date: _____