

Appendix B – Construction Kick-Off Meeting Form

Company/Project:

Today's Date:

Location:

EHS Representative:

Site Safety Representative:

Contact Information:

The following items must be reviewed by the EHS representative with the Contractor and UAO during the kick-off meeting for the project:

Checklist		Yes	No	Comments
1.	Inform the contractor of the required IU Contractor Safety Training.	Yes	No	
2.	Does the Contractor have a Site Safety Plan?	Yes	No	
3.	Ensure Safety Data Sheets (SDS) are readily available on-site. Provide SDS to IUEHS upon request.	Yes	No	
4.	Does the Contractor have documented programs for the following available for IUEHS review (as necessary for the project)?			
	a. Confined Space	Yes	No	
	b. Lockout/Tagout	Yes	No	
	c. Aerial Lift/PIT/Cranes and Hoists	Yes	No	
	d. PPE and Respiratory Protection	Yes	No	
	e. Asbestos/Lead Awareness	Yes	No	
	f. Fall Protection	Yes	No	
	g. Excavation and Trenching	Yes	No	
	h. Hot Work Permit	Yes	No	
	i. Environmental (ballasts, bulbs, thermostat, lead, others.)	Yes	No	
5.	Other information or comments about the project.			