

Contract Compliance Audit

Project Information	Audit Information	Initial Impression
Project:	Date:	Organized ? Y N
Contractor:	FEAD:	Clean ? Y N
Contract No.	Reason: Site-visit Revisit Investigation	PPE Worn? Y N
Contract Type:	Extent: Full Partial Focused	Safe Behavior? Y N
Safety Rep:	Auditor:	ET:

Element		Rating											
		Poor	Avg.	Sup.									
1.	Safety Documentation: (Training, SDS, EM-385, OSHA, Daily Inspections, Safety Bulletin Board, Visitor Sign In Sheet, Deficiency Tracking Log, EM RSP,)	0	1	2	3	4	5	6	7	8	9	10	N/A
2.	Fire Prevention (Extinguishers, Permits, Storage, Housekeeping, Fire Prev Plan)	0	1	2	3	4	5	6	7	8	9	10	N/A
3.	Scaffolding Inspected, Planks, Guardrails, Access, Plumb/Level, Paperwork On Site)	0	1	2	3	4	5	6	7	8	9	10	N/A
4.	Fall Protection (Qualified/Competent Persons, Plan, Training, Proper PPE &Use)	0	1	2	3	4	5	6	7	8	9	10	N/A
5.	Ladders (Construction, Use, Training, Inspection,)	0	1	2	3	4	5	6	7	8	9	10	N/A
6.	Excavations (Soil Testing, Protection System & Documentation, Confined Space?, Egress, Barricaded, Loading , Ladders,)	0	1	2	3	4	5	6	7	8	9	10	N/A
7.	Electrical (GFCI, Temp Power Plan, LOTO, Cord Protection/Control, Sizes,)	0	1	2	3	4	5	6	7	8	9	10	N/A
8.	Cranes (AHA, Cribbing Rqts, Certifications, Safety Features, Audit)	0	1	2	3	4	5	6	7	8	9	10	N/A
9.	Confined Spaces (Plan, Monitoring, Ventilating, Rescue, Signage, LOTO, Training Competent Person)	0	1	2	3	4	5	6	7	8	9	10	N/A
10.	Construction Equipment (Manufactures Inst, Training/Certification, Alarms, Safety Devices, Modifications, Electrical (Tools), Inspection)	0	1	2	3	4	5	6	7	8	9	10	N/A
11.	Demolition (Survey, Plan, Utilities ID'd, Overhead Protection, Inspection, Training, Debris/Wall/Floor/Steel Removals)	0	1	2	3	4	5	6	7	8	9	10	N/A
12.	PPE (Worn, Training, Inspection, Competent Person)	0	1	2	3	4	5	6	7	8	9	10	N/A
13.	Abatement (Plan, Monitoring, PPE Use, Pressure Diff., Baseline & Final Clearance, Inspection, Training, Monitoring Results)	0	1	2	3	4	5	6	7	8	9	10	N/A
14.	Waterfront (PFD, Rescue Skiff, Life Rings, Dive Plan, Qualifications, Fall Protection)	0	1	2	3	4	5	6	7	8	9	10	N/A
15.	Miscellaneous (Impalement , Lighting, Trailers Anchored, Emergency Response Phone Number Posted, Site Signage, Garbage Containers, Traffic Control, Site Attitude)	0	1	2	3	4	5	6	7	8	9	10	N/A
Additional Elements (FEAD) focused elements)													
1.		0	1	2	3	4	5	6	7	8	9	10	N/A
2.		0	1	2	3	4	5	6	7	8	9	10	N/A

Notes:

Max. Score:	Score:	Audit Rating:
Scoring: Multiply the number of evaluated elements by 10, this is the Max Score. Add up the score points for all elements evaluated, this is the Score. Divide the Score by the Max. Score (Score/Max. Score) and multiply that result by 100. This result is entered into the Audit Rating box.		
Audit rating categories: 90-100 Superior; 80-89 Excellent; 70-79 Good; 60-69 Acceptable; 50-59 Poor; <50 unacceptable.		