



Pre-Project Safety Assessment Form

Pre-Project Hazard Assessment

Project: _____ **Project Manager (PM):** _____

Building: _____ **General Contractor (GC):** _____

Contractor responsible to communicate all hazard information to all workers at all sub-contract tiers.

No project work shall start without each of the permit items in hand.

Permitting

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Building permit (<i>attach to notes</i>) | <input type="checkbox"/> Department of Environmental Protection (DEP) |
| <input type="checkbox"/> Owner hazardous materials (hazmat) survey | demolition permit (AQ06) (<i>attach to notes</i>) |
| <i>(attach to notes)</i> | <input type="checkbox"/> Cambridge/Boston Fire Department (C/BFD) |
| | demolition permit (<i>attach to notes</i>) |

Fall Protection

- | | |
|--------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Roof work |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Other (<i>add details to notes</i>) |

Notes:



Hot Work

- ☐ Permits - C/BFD hot work letter
- ☐ Fire watch (C/BFD/contractor) *(as required by C/BFD, contractor minimum)*

Notes:

Hazardous Materials

Hazardous materials identified? ☐ Yes ☐ No

Check all that apply:

- | | |
|-----------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Universal waste |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Soil |
| <input type="checkbox"/> Presumed-PCBs | |
|
<input type="checkbox"/> Lab space clean (chemical/radiation) | |
| <input type="checkbox"/> Report any new findings to Project Manager and EHS | |

Notes:

In the event any contractor encounters previously unidentified material that is reasonably believed to be a hazardous material or condition, the contractor shall immediately stop work in the affected area and immediately report the condition to the HU Project Manager or HU EHS. Any testing that is required will be coordinated by the HU Project Manager.



Cranes

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fill out/receive inspection reports, etc. | <input type="checkbox"/> Police detail (C/BPD/Harvard University Police Department (HUPD)) |
| <input type="checkbox"/> Other: Personal lifts | <input type="checkbox"/> C/BPD by contractor, HUPD by E&C |

Notes:

Housekeeping

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Dust control HEPA filters mopping | <input type="checkbox"/> Noise control/odor control |
| <input type="checkbox"/> Lab sink protection | <input type="checkbox"/> Trash removal/pest mitigation |
| <input type="checkbox"/> Fans | |

Notes:

Electrical Safety

- | | |
|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Lockout-tagout | <input type="checkbox"/> Cord caps |
| <input type="checkbox"/> GFCI | <input type="checkbox"/> No live work |
| <input type="checkbox"/> Temp lighting | |

Notes:

Other

- | | |
|-----------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Fire alarm shutdowns | <input type="checkbox"/> Confined spaces <i>(add details to notes)</i> |
| <input type="checkbox"/> Other shutdowns | <input type="checkbox"/> Excavation safety |



HARVARD

Campus Services

ENVIRONMENTAL HEALTH & SAFETY

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Proper penetration | <input type="checkbox"/> Structural modification (<i>add details to notes/PE review</i>) |
| <input type="checkbox"/> Sealing sprinkler shutdowns | <input type="checkbox"/> Injury/incident notification |
| <input type="checkbox"/> Personal protective equipment (PPE) required | <input type="checkbox"/> Other (<i>add details to notes</i>) |

Notes:



Pre-Project Review Meeting Attendees and Distribution

Meeting date: _____

Name	Signature	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

- Please circle attendee number to identify Competent Person.
- Hazard Note should include reference to hazard specific Competent Person.
- Contractor to manage ongoing safety communication as project conditions develop or change.