

S.P. _____

CONSTRUCTION MANAGEMENT MEASURES SAFETY RATING FORM

Only Fill In Those Boxes That Apply. Use N/A Where Appropriate	Project Personnel Rating 1-10	Score
Traffic Control		
Initial Traffic Control Setup		
Daily Maintenance of Traffic Control		
Condition of Traffic Control Devices		
Mn/DOT Project Personnel Response to Traffic Control Issues		
Contractor Response to Traffic Control Issues		
Safety Environment		
General – Consider: site safety plan, walking/working surfaces, housekeeping		
Fall Protection – Consider: site plan, harness & lanyards, stair rails, floor openings, perimeter rails, personnel platforms		
Excavations – Consider: utilities (located, supported, clearance), protective system, spoil pile, overhead hazards, hazardous atmosphere, daily inspections, access/egress		
Personal Protective Equipment – Consider: head protection, high visibility clothing, eye/face protection, foot protection, hearing protection, respiratory protection		
Heavy Equipment, Cranes – Consider: condition, backup alarms, powerline clearance, load charts, annual inspection, operator inspection, swing radius, passenger restraint		
Safety Meeting		
Mn/DOT Weekly Safety Meeting		
Contractor Weekly Safety Meeting		
Total Score = _____		
Total Score ÷ Total Points Possible x 100 = _____ Safety Rating		