



# ODOT Safety Questionnaire for Contracted Construction Projects

Project Name (Section)		Contract No.
Project Manager		Phone Number
Address	City	Zip
Contractor		
Pre-Construction Meeting Date	Pre-Construction Meeting Location	Pre-Construction Meeting Time

### Contractor Instructions

Please complete this questionnaire and return it to the ODOT Project Manager at the address listed above at least **one week** prior to the scheduled pre-construction meeting.

### Safety Representative

Please list the contractor's safety representative for the project.

Name	Title	
Work Phone Number	Cell Number	Emergency Phone Number

### Traffic Control

Please bring a copy of the traffic control plan to the pre-construction meeting for review and discussion. where a project has phases that alter the traffic flow as construction progresses, revised or additional traffic control plans need to be provided to the project manager 30 days prior to implementation of the new phase.

Some highway control projects may require the contractor to have a Certified Traffic Control Supervisor (TCS). Do the contract specifications require a TCS for this project?

Yes     No

Name	TCS Certification Number (if required)	Expiration Date
Work Phone Number	Cell Number	Emergency Phone Number

### Safety Committee Meetings

If you plan to have on-site safety committee meetings, please provide the following:

Meeting Date	Meeting Location	Meeting Time
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### Emergency Response

Are 911 emergency responses available in the project area?  Yes     No

If not, what are the phone numbers for the following emergency services. (These numbers need to be posted next to the telephone at the project site.)

Hospital	Ambulance	Police Dept.	Fire Dept.
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## Hazardous Materials & Conditions

Will there be any hazardous materials used on this project?  Yes  No

If yes, attach a list of the hazardous materials to this questionnaire.

The following checked hazardous activities or conditions have been identified as being part of this contract. At the Pre-Construction Meeting, be ready to discuss the processes being prepared for this project to address these conditions. Discussions should include: mitigation techniques, worker and visitor safeguards, required Competent Persons, written safety plans and discussions of previous similar projects. The ODOT Project Manager may ask the ODOT Region/Division Safety Manager to provide technical advice and counsel at the Pre-Construction Meeting regarding any of the following identified activities or conditions.

- |  |  |
|--|--|
| <input type="checkbox"/> Complex traffic control or night work                 | <input type="checkbox"/> Hazardous Materials that may require a specific safety plans such as: |
| <input type="checkbox"/> Trenching required shoring or other protection system | <input type="checkbox"/> Asbestos  |
| <input type="checkbox"/> Permit required confined spaces                       | <input type="checkbox"/> Lead paint or other lead-containing products                          |
| <input type="checkbox"/> Tunneling (underground work activities)               | <input type="checkbox"/> Silica  |
| <input type="checkbox"/> Other potential high risk condition _____             | <input type="checkbox"/> Large scale painting and blasting or grinding operations              |
| <input type="checkbox"/> Other potential high risk condition _____             | <input type="checkbox"/> Excavation of known hazmat site                                       |

## Back-Up Alarms or Signal Persons

Will trucks and heavy equipment have back-up alarms?  Yes  No

If no, signal persons will be required where trucks and heavy equipment are backing up.

## Competent Persons

Will this project have excavations subject to OR-OSHA trenching and shoring regulations?  Yes  No

If yes, list the on-site Competent Person.

\_\_\_\_\_  
Name

## Visitor Job Site Safety Equipment

ODOT employees and ODOT's visitors will comply with the contractor's personal protective equipment requirements while on the project. Please describe what protection is required and when (hard hats, eye protection, ear protection, foot protection, high visibility clothing, etc.):

## Signatures

### Submitted by Contractor Representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

### Submitted by ODOT Representative

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date