



The University Of Michigan Project Safety Scope Checklist

Project Name: _____ Project Number: _____

Contractor: _____ Project Duration: _____

Expected Start Date: _____

Brief Description of Overall Project Scope: _____

Will the project involve subcontractors?: Yes No

Project Type (Choose One):

Civil: Demolition: New/Addition: Renovation: Roof:

Project Specific Hazards:

Crane:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hot Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scaffolding Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concrete Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Demolition Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steel Erection:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trenching Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confined Space:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live Electrical Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupied Building:	<input type="checkbox"/> Yes <input type="checkbox"/> No	LOTO:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	UM Tunnel Work:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the above information changes at any point in the project, it is the contractor's responsibility to inform EHS.

Contractor Representative Signature

Date