

SAFETY COMPLIANCE FORM

Last Name	е	First Name	Middle Initial
Social Sec	curity No (Last 4 Digits).:	Employer:	Position:
Phone Nu	ımber: ()	Hardhat Sticker Number	r:
		EMERGENCY INFORMATION	
Person to	Contact		Relationship
Phone Nu	ımber: ()		
		()	
Backup Er	mergency Contact		Phone Number
Health Pro	oblem/Medication/Allergies a treating phy	sician should be aware of	
	SUBJECT	SUBJECT	SUBJECT
	Personal Protective Equipment and Glove Use	Aerial Lifts Use & Inspection	Task Hazard Analysis Program
	Hand & Power Tools	Proper Lifting	Return to Work
	Hazard Reporting & Recognition	Soft Tissue Injury Awareness	Bloodborne Pathogens
	Barricading Requirements	Floor Openings	Workplace Violence
	Fall Protection	Safety Signage	Employee Conduct
	Electrical Safety, GFCI, Assured Grounding	Fire Protection	Silica
	Heavy Equipment Use	Emergency Response & Evacuation Procedures	Heat Illness Prevention
	Rigging & Signaling	Excavations	
	Impalement Protection	Housekeeping & Material Storage	
	Welding & Cutting, Cylinder Storage	Drug & Alcohol Abuse Program	
	Ladder Use	Hazard Communication & GHS	
	Scaffolding	Disciplinary Program	



SAFETY ORIENTATION EXAMINATION

Instructions: Answer the following questions by circling one option. When completed, return the examination to the person who gave it to you for grading. Sign the last page of the examination after the examination is graded and incorrect answers, if any, are reviewed.

are reviewed.	
Accidents and injuries are to be reported to your Supervisor: a. Within 24 hours b. The next time you see your supervisor c. Immediately d. Within one week	9. The headache ball, hook, or load being hoisted by a crane, or the forks of a forklift, can be used to transport workers if they are safe. a. True b. False
Your hard hat, and Z-87.1 safety glasses must be worn: a. Always on the job b. Whenever the risk of head or eye injury is present c. Whenever you are working in a "hazardous" area	10. Good housekeeping must be maintained, and trash properly disposed of: a. At least once a week b. Whenever trash affects your production c. Unless someone else made the mess d. Always
The use or possession of alcoholic beverages or unprescribed drugs is: Allowed if they do not affect your ability to work b. Allowed only with a doctor's consent c. Allowed unless you're operating equipment d. Strictly prohibited	11. If you are directed to move an object that you believe to be heavier than you can lift safely, you should: a. Give it your best shot b. Ignore the request c. Notify your supervisor d. Tell someone else to do it
4. Seat belts, when provided on equipment, must be fastened and in use: a. Whenever a danger of collision or rollover is present b. If an OSHA inspector is on the Project Site c. Every time the equipment is moved or operated d. Unless they are comfortable	12. Horseplay, scuffling and practical jokes are: a. Allowed if nobody gets hurt b. Never allowed c. Allowed if your supervisor is not around d. Allowed if someone else starts it
5. Fixed ladders must be fastened at the top and extend feet above the landing: a. 8 b. 5 c. 3 d. At least 2 feet	Equipment must be safely shut off every single time it is being lubricated, refueled or adjusted. a. True b. False
6. Tools or equipment may be modified, or protective devices removed: a. When it can be removed safely b. At no time whatsoever c. If the task requires tool or equipment modification d. If other workers do so	14. The McCarthy Hazard Communication Program has been developed to: a. Increase your awareness of chemical hazards b. Provide more paperwork to do c. Establish a means to advise you of a natural disaster d. Announce important safety news
7. Safety signs and warning signs must be followed: a. If they do not impact protection. b. Unless you can ignore them in a safe manner c. Whenever your Supervisor is looking d. Always	15. Safety Data Sheets (SDS) provide detailed information about: a. The chemical components of a product b. How much of a material is safe to use c. Emergency and first aid procedures d. All of the above
8. All work platforms, scaffolds and floor openings must have a standard guardrail on all open sides. A standard guardrail has a mid-rail, and a top rail at inches in height: a. 24 b. 36 c. 42 d. 60	16. Safety Data Sheets for substances you use or work around can be obtained by: a. Contacting the manufacturer for a copy b. Asking your supervisor for a copy c. Following instructions on the container label d. Asking your coworkers if they know anything about it



SAFETY ORIENTATION EXAMINATION

similar place with little ventilation unless it has been determined safe to do so: a. True b. False	Examination on this date, and incorrect answers, if any, have been reviewed and corrected.
18. Materials, tools or other objects may be thrown from a building or structure: a. True b. False	DATE
19. Any damages to scaffolds, falsework or other supporting structures shall be reported to your supervisor or McCarthy: a. Unless it still looks safe b. Only if you will be using it	EMPLOYEE NAME
c. Immediately d. Within one week	COMPANY
20. Excavations must be properly dug, shored and barricaded, and equipment kept away from the edge when employees are working below:	OLOMATURE
a. True b. False	SIGNATURE
21. Vehicles, machinery, and equipment may be operated by: a. Anyone who needs it b. Only the Project Superintendent c. All McCarthy Employees d. Only authorized personnel	
22. McCarthy's 100% Fall Protection Policy requires positive fall protection whenever working at a height equal to or greater than feet: a. 2 b. 6 c. 10 d. 20	
23. Electrical cords which are damaged or defective should be: a. Used only in dry areas b. Used only by someone else c. Used if it is safe to do so d. Taken out of use and given to your supervisor	
24. It is safe to climb a ladder while carrying tools or equipment, if one hand is used on the ladder: a. True b. False	
25. If you are unsure about instructions provided by your supervisor, you should: a. Proceed based upon your best guess b. Ask someone else for assistance c. Ask your supervisor for clarification d. Find something to do	



EMPLOYEE SCREENING FORM

COMPLETED BEFORE EMPLOYEES ENTER THE JOBSITE

To protect you and the communities we serve, McCarthy is proactively aiming to reduce COVID-19 exposures with your help. Please compete the following questionnaire:

Employee Name:				
Employer:				
Date:				
1. Have you traveled to an area with known local or international spread of COVID-19 in the past 14 days?	□ YES	□ NO		
2. Have you, or anyone in your residence, come into close contact (within 6 feet) in the past 14 days with someone who has a suspected or confirmed COVID-19 diagnosis?	□ YES	□ NO		
3. Are you now or have you in the past 14 days experienced any respiratory illness such as cough, shortness of breath, or difficulty breathing?	□ YES	□ NO		
4. Are you experiencing a fever above 100.4°F, or have you in the last 24 hours?	□ YES	□ NO		

If any of the above questions are answered with "YES," you will not be allowed on the project site for 24 hours after the symptoms have gone away.