

**INTEGRITY ENVIRONMENTAL SERVICES, INC.**

**CHECKLIST**

JOB NUMBER: \_\_\_\_\_  
 \_\_\_\_\_

WEEK ENDING:

PROJECT NAME: \_\_\_\_\_

SHIFT: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Certification cards checked							
Occupant Protection Plan Posted							
Project Log Filled Out							
Sign in sheet filled out							
Warning signs/barriers in place							
Site secured at end of shift							
Waste container secured							
Water, electricity, and lights off at end of shift							
Critical barriers intact							
Smoke test critical barriers							
Record negative pressure							
HEPA units working							
Work area clean and orderly							
Equipment area clean and orderly							
Shower area clean and orderly							
Shower/waste water filtered							
Clean area clean and orderly							
Equipment protected and consolidated							
Scaffolds/Ladders/Hoists to OSHA standards							
Electrical Assured Grounding/GFCI in good							
Condition of walking/working surfaces good							
All equipment in good working order							
Adequate supplies for next shift							
ACM waste and manifests filled out and labeled							
Daily project safety inspection report complete							
ACM adequately wetted periodically							