

Key Points Card

Subcontractor Company: _____

Work Area: _____

Job Duties: _____

Instructions: Mark a "X" to all applicable activities that promote safe practices and conditions. Please complete weekly.

	SAFE PRACTICES	X	X = complies	SAFE CONDITIONS	X
WORKAREA	1. Watched the NG Safety Video		ENERGY CONTROLS	1. Lock and tag installed on equipment to prevent operation	
	2. Reviewed and signed the JHA			2. Tag indicates the name of contractor, date, phone and reason	
	3. Area free of excess debris and trash			3. Affected personnel are aware of the energy controls	
	4. Know location of FA kit and emergency staging area			4.	
	5. Equipment or construction debris free of hazards			5.	
PROTECTIVE EQUIPMENT	1. Wearing appropriate eye protection for task		FIRE	1. Sprinkler guards in place if applicable	
	2. Wearing appropriate foot protection for task			2. Hot work permit completed by NG if applicable	
	3. Wearing a safety vest			3. Curtain surrounding hot work if applicable	
	4. Wearing gloves for the given task			4. Fire watch during hot work	
	5.			5.	
FALL PROTECTION	1. Inspected ladder prior to use		HAND & POWER TOOLS	1. Tools being used in a safe manner	
	2. Inspected fall equipment initials on tags or equivalent			2. Extension cords and plugs are in good condition	
	3. Using fall protection equipment in elevating equip.			3. Extension cords elevated from ground level	
	4. Using ladder correctly			4. Used with guards in place	
	5.			5.	
HYGIENE	1. Washing stations kept clean		HAZARDOUS CHEMICALS	1. Safety Data Sheets readily available during an emergency	
	2. Restrooms kept clean			2. Blue labels observed on hazardous chemicals	
	3. Eating and drinking when not handling chemicals			3. Liquids stored outdoors on secondary containment	
	4. Scrap material free of protruding sharp objects			4. Waste labels completed accurately of the contents being stored	
	5. Microwave clean inside			5. Containers closed when not adding hazard materials.	
TRAINING/ MEETING/ INSPECTION	1. Trained to operate equipment if applicable		OTHER	1. Adequate illumination in the construction area	
	2. Employees attend weekly safety walk with GC			2. Excavation permit completed prior to digging (if applicable)	
	3. Crane Inspection completed prior to lift if applicable			3. Notification tag completed prior to confined space entry (if applicable)	
	4. Employees attend or lead weekly safety talks			4. Dumpster covered when not adding debris	
	5.			6.	

Reviewed by Subcontractor Lead _____

Signed: _____

Date _____

Key Points Card

[Contractor Procedures in OASIS](#)

Topics Covered: (Indicate below any specific contractor procedures covered for noncompliance findings)

RECORD OF DISCUSSIONS WITH YOUR SUBCONTRACT EMPLOYEES

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	Name of Subcontractor	Initials	Date	Subjects Discussed/Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Recognize/praise subcontractor safe work practices/conditions as well as explain any unsafe work practices/conditions and its importance.