

CONTRACTOR COMPLETION CHECKLIST

DATE _____

JOB # 5

NAME _____

ADDRESS _____

CITY/ZIP _____

CONTRACTOR NAME LL

CREW FOREMAN/OSHA COMPETENT PERSON _____

CONTACT NUMBER _____



LIST ALL EMPLOYEES WHO WORKED ON THIS JOB

CHECK BOXES OF INCLUDED FORMS/PICTURES

COPY OF COMPLETED LEAD REPORT

PICTURES INCLUDING LEAD AND UNACCESSABLE AREAS

SLATE/INSUL BRICK ASSESSMENT WHEN APPLICABLE

OK ✓

MB

N/A

OK Direct