

## Roofing contractor

MANAGEMENT CONTROLS	YES	NO	NA
1. Written safety rules and training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PPE evaluation/enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Water damage and roof fire control programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Driver screening and vehicle maintenance programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOLES AND OPENINGS	YES	NO	NA
1. Covered or protected by guard rail or other approved protection methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Covers strong enough to bear loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Covers secured and/or marked with warning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF PERIMETER	YES	NO	NA
1. Guard rail systems provided and properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety nets needed or in use/properly installed and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Fall Arrest Systems (PFAS) in use with training, maintenance and inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Warning lines installed no less than 6 feet from roof edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety monitor allowed and in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Eave guards, PFAS or other approved barriers used for roofs with more than a 4/12 slope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LADDERS	YES	NO	NA
1. Tied at top and set on firm, level surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Side rails extended at least 36" above roof edge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Proper laddered slant of 1/4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ladders in good maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Three-point contact followed when using ladder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCAFFOLDS	YES	NO	NA
1. Erected by competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Standard guard rails in use and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Secured to prevent tipping or swaying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PFAS in use or required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wooden planks are minimum 2' x 8' unspliced material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*This form, supplied by United Fire Group, merely provides minimum guidelines for you to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.*

## Roofing contractor

HOISTS	YES	NO	NA
1. Guard rail or PFAS used in hoist area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Secured and approved counterweights used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Daily and documented weekly inspections by competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL HANDLING	YES	NO	NA
1. Adequate and appropriate mechanical equipment in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lifting training and enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Two-person lifts completed where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mechanical equipment inspection and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Approved/certified equipment operators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	NA
1. Hard hats worn when required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Kettlemen wearing full face shields?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Long-sleeved shirts and gloves worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Properly fitted long pants worn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Work boots/shoes are worn and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Eye protection worn and enforced for all tear-offs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Approved respirators in use where needed and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF FIRE CONTROLS	YES	NO	NA
1. Pre-job analysis and planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequate fire extinguishers in place and serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employees trained in use and maintenance of fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Electrical cords in good maintenance and inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ground Fault Circuit protection provided for all electrical tools/equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Propane cylinders properly used, maintained and handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Gasoline stored in listed/approved safety containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Smoking not allowed on roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire watch completed one hour after work completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*This form, supplied by United Fire Group, merely provides minimum guidelines for you to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.*

## Roofing contractor

WATER DAMAGE CONTROLS	YES	NO	NA
1. Pre-existing water damage identification and documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Weather monitoring by dedicated radar or weather radios?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tie-ins or night seals inspected daily by competent person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VEHICLE SAFETY CONTROLS	YES	NO	NA
1. Driving screening by Motor Vehicle Record (MVR) review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Drug testing program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Documented critical item vehicle inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Documented vehicle maintenance and records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Federal Motor Carrier Safety Regulations (FMCSR) followed as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER EXPOSURES	YES	NO	NA
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS			
Signature:			
Date:			

*The above checklist is not designed to address all possible exposures to loss, but is provided as a minimum guideline to review roofer safety and job site controls. For additional information, the following standards can be referenced:*

*CFR 1926 Subpart E - Personal protective and life saving equipment 1926.95*

*CFR 1926 Subpart L - Scaffolds 1926.450*

*CFR 1926 Subpart M - Fall protection 1926.500*

*CFR 1926 Subpart X - Stairways and ladders 1926.1050*

*This form, supplied by United Fire Group, merely provides minimum guidelines for you to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.*