



# SAFETY CHECK



Risk Control at UFG Insurance | riskcontrol@unitedfiregroup.com

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"/>



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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"/>



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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

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