



OCTOBER 6, 2024

Grace Fellowship Site Safety Assessment

This Checklist highlights important inspection points to be used in identifying and evaluating safety hazards at the worksite.

CHLB Project:			Location:
Leader(s):			
Yes No N/A General Work Environment:			
			First Aid kits are well-stocked and present at worksite?
			All worksites are clean and orderly?
			All work surfaces are kept dry and slip resistant? Appropriate means are taken to ensure that surfaces are slip-resistant?
			Fire extinguishers are present, charged and dated?
			AED (where supplied) is present?
			Worksite is free from flammable liquids and/or open flames (candles, incense, lanterns, etc.)?
			Work environment is free from trip hazards?
			Work areas are adequately illuminated and lights in working order?
			Smoke detectors are intact and in working order?
Yes No N/A Personal Protective Equipment:			
			Hard hats are supplied and worn?
			All workers have appropriate foot wear (closed toe, boots)?
			Hearing, eye, and/or respiratory protection is supplied and used when required?
Yes No N/A Construction Equipment:			
			Ladders are the correct size for the job?
			Ladders are placed on proper surfacing, fully opened and locked in place?
			Ladders are kept more than 10' from any electrical power lines?
			Workers have been instructed on proper ladder climbing procedures?
			Workers are trained in the use of power tools (saws, nail guns, etc.)?
Yes No N/A Electrical			
			All extension cords have a grounding conductor?
			All electric cords show no sign of fraying, wear or splices?
			All power strips/surge protectors or extension cords are plugged directly into the wall (i.e., no "daisy chains")?
			Combustible materials are stored away from electronics or heat sources?
			Any fans in work area have appropriate fan blade guard?
Yes No N/A Storage			
			Combustible scrap, debris, and waste stored safely and removed from the worksite promptly?
			Tops of shelves free of heavy objects that would cause head injury?



Grace Fellowship Emergency Protocol

In the event of an accident or illness of a team member:

1. Identify the medical emergency.

WHEN TO CALL 911

Use the following symptoms/situations and common sense to determine what a true emergency is, then call 911.

- *Severe traumatic, fire injuries.*
- *Traffic accident casualties.*
- *Injuries from falling.*
- *Head injuries.*
- *Heat related symptoms.*
- *Victim is unresponsive.*
- *Any illness requiring immediate medical attention.*

If you are unsure as to the seriousness of the injuries or situation, do not hesitate to call 911.

2. Call **911** as deemed appropriate. Provide the following information:
 - Nature of medical emergency;
 - Location of the emergency (address, building, room number, etc.);
 - Your name, title or position, and phone number;
 - Condition of ill or injured individual(s);
 - First Aid treatment provided;
 - Other information as requested;
 - Stay on the phone; DO NOT hang-up; additional information may be needed.
3. Assign someone to meet EMS and direct to scene.
4. Administer First Aid as needed:
 - Do not move the injured or ill person unless absolutely necessary to prevent future injury.
 - Try to make injured or ill person comfortable. Give NO liquids by mouth.
 - Stop the bleeding with firm pressure on the wounds (*Note: use gloves to avoid contact with blood or other bodily fluids).
 - Clear the air passages as needed.
5. Report the accident/injury to Grace Fellowship as below, complete the attached Report of Accident Form and return to Grace Fellowship Executive Pastor's office within 24 hours.
 - Michael Farr, CHLB Leader, at 713-859-8760
 - Christina Davis, Grace Fellowship Executive Pastor, at 281-773-5246

Report of Accident, Incident, Theft or Other Occurrences

CHECK APPROPRIATE CATEGORY: Accident___ Incident___ Theft___ Other___

File this report with the Executive Pastor's Office within 24 hours.

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Describe what happened: _____

Were there personal injuries? ____ If so, who and where? _____

What actions were taken by church personnel? _____

What caused the accident or incident (to the best of your knowledge)? _____

In cases of theft, was the local police department notified? ____ Date _____

What case number was assigned by the police department? _____
(must have for insurance)

When was the insurance company notified? _____
(This line filled in by Executive Pastor's Office)

Description of the property stolen _____

Was the item church property? ____ personal property? ____ If personal, who is
the owner? _____ Telephone number _____

Other classifications (not specified above)

Describe: _____

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Signature of person making report: _____ Date: _____

Witness to event described above: _____ Date: _____

NOTE: The back of this page may be used to give additional information should additional space be needed. (The church's insurance is always secondary.)