

- **APPENDIX B-SAFETY HUDDLE DAILY REPORT FORM**
- **APPENDIX C-WORK SITE AUDIT FORM**
- **APPENDIX D- LOCKTON INSURANCE INCIDENT & WITNESS REPORT FORMS**

Copies of these forms can be found in the Habitat Office or on-site in the Volunteer Sign-In & Job Site Safety Binder.

SAFETY HUDDLE: DAILY REPORT

SITE ADDRESS: _____ DATE: _____

TODAY'S BUILDING TASKS: _____

HAZARDOUS CONDITIONS: _____

SAFETY HUDDLE: DAILY REPORT

NAME OF INDIVIDUALS ON SITE WITH FIRST AID/CPR TRAINING	TRAINING
REQUIRED SAFETY TOPICS TO REVIEW	TOPICS REVIEWED
General Safety Precautions	
Personal Protective Equipment	
Hand and Power Tools	
Ladders	
PHASE SPECIFI SAFETY TOPICS TO REVIEW	TOPICS REVIEWED
First Floor Trusses and Deck	
First Floor Walls and Porch Framing	
Second Floor Trusses and Deck	
Second Floor Walls	
Roof Trusses	
Roof Sheathing and Roofing	
Dow Board	
Window and Door Installation	
Stair Installation and Finish Framing	
Siding	
Porch Posts and Railings	
Conductor Lines	
Fiberglass Insulation	
Drywall	
Painting	
Flooring	
Interior Finish Carpentry	
Landscaping and Exterior Finishing	
House Cleaning	

Print Name: _____

Signature: _____

Date: _____



WORK SITE AUDIT FORM

SITE ADDRESS: _____ DATE: _____

WORK SITE AUDIT FORM

Is the job site first aid equipment fully stocked?	
Are Fire Extinguishers available and fully charged?	
Is all PPE (gloves, hardhats, safety glasses, dust mask, ear plugs, etc.) in good repair and are they being utilized by everyone on site?	
Are there protective barriers around all openings in floors, walls and excavations?	
Is the job site clear of debris, including lumber with exposed nails? Especially at the stairs, halls and open floor areas?	
Are all materials and equipment stored at a safe distance (min. 6') from perimeter of the home?	
Are all electrical cords free of entanglement and in good repair?	
Are all electrical cords connected to the power supply equipped with Ground Fault Circuit Interrupters?	
Are all tools (power and hand) in good repair? Are all safety guards operational?	
Is there an adequate supply of drinking water and cups?	
Are all job site ladders in good repair?	
Are all ladders installed and being used correctly?	
Are all slide guards installed on the roof as required?	



Print Name: _____

Signature: _____

Date: _____



HABITAT FOR HUMANITY AFFILIATE INSURANCE PROGRAM

Incident Report

INCIDENT INFORMATION	<i>Note contributing factors: weather conditions, obstructions, etc</i>
Contact Person:	Email:
Phone:	
Date of Incident:	Time of Incident:
Location of Incident:	
Authority Notified, if any:	
Full Description of What Happened:	

INJURED PARTY	<i>Attach additional page if needed</i>	
Name:	Email:	Phone:
Complete Address:		<i>circle Male Female</i>
Description of Injury:		
On Site Treatment:		

PROPERTY DAMAGE	<i>If leased obtain name, address and phone of leasing company</i>	
Description of Property:		
VIN or serial #:	Lic. Plate #:	
Owner Name:	Email:	Phone:
Owner Address:		Driver Lic. #:
Description of Damages:		

WITNESS	
Name:	Email: Phone:
Complete Address:	
Name:	Email: Phone:
Complete Address:	

Signed _____ Date of Report _____

Submit completed form along with photos to the Insurance Administrator



Witness Report

HABITAT FOR HUMANITY AFFILIATE INSURANCE PROGRAM

Thank you for your help in providing information about the incident. It will help ensure there is complete and accurate information about the incident.

INCIDENT INFORMATION	<i>Note contributing factors: weather conditions, obstructions, etc</i>	
Your Name:	Email:	Phone:
Your Address		
Date of Incident:	Time of Incident:	
Location of Incident:		
Full Description of What Happened:		

INJURED PARTY	<i>Attach additional page if needed</i>	
Name:	<i>circle</i> Male Female	
Description of Injury:		
On Site Treatment:		

PROPERTY DAMAGE
Description of Property:
Description of Damages:

Signed _____ Date of Report _____