

Steel Erection Safety Checklist

Planning & Pre-Erection

Focuses on pre-planning activities, site assessment, and coordination to prevent hazards before erection begins.

Review of Steel Shop Drawings and Calculations
Write something
Hazard Identification and Risk Assessment Conducted? Yes No
Date of Last Site Survey
Enter date
Wind Speed Limit for Erection (mph)
Enter a number
Qualified Rigger Assigned?
☐ Yes ☐ No

Copy of Approved Erection Plan Lipidad File
Description of any identified environmental concerns (e.g., proximity to utilities)
Write something
Permit Required for Erection? Yes No
Summary of Pre-Erection Meeting Attendees and Key Decisions Write something

Site Preparation & Access

Covers ensuring a safe work environment, including ground conditions, access routes, and temporary supports.

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Ground Bearing	Capacity (psi):	
Enter a number		
	Hazards: Select all that apply (e.g., underground utilities, verhead obstructions).	
Underground Uti	-	
Uneven Terrain		
Overhead Obstr	uctions	
Slopes/Drop-offs		
Other (Specify ir		
Othor Hazarda (I	Sologtod Abovo).	
Omer Hazards (f	Selected Above):	

Temporary Access Routes Established? Yes No
Upload Site Survey/Plan (if available) Lupload File
Distance from Edge (min. safe working distance - feet):
Enter a number
Describe any existing temporary supports and their condition.
Write something
Equipment & Rigging Addresses the safety of cranes, hoists, rigging gear, and other lifting equipment.
Crane Capacity (Tons)
Enter a number
Crane Inspection Status Up-to-Date & Compliant Needs Attention Out of Service

Rigging Gear Certification Status Current & Certified Needs Inspection Removed from Service
Crane Inspection Report (Attach PDF) L Upload File
Wire Rope Diameter (inches) Enter a number
Signal Person Present? Yes No
Any Rigging Gear Deficiencies Noted? Write something
Angle of Load (degrees) Enter a number

Steel Member Handling & Lifting

Covers the safe handling and lifting of individual steel members, including inspection and proper techniques.

Member Condition Upon Arrival Acceptable - No Visible Damage Minor Damage - Documented and Approved Significant Damage - Reject and Investigate Unacceptable - Reject and Return
Member Weight (lbs/kg)
Enter a number
Lifting Method Crane Gantry Other (Specify)
Specific Lifting Plan Notes Write something
Lifting Angle Verification Within Specified Tolerance Outside Tolerance - Corrected Not Applicable
Photo Documentation of Lifting Lipload File

Tag Line Attached & Secured? Yes No N/A
Bolting & Connections Focuses on proper bolting procedures, inspection of fasteners, and torque specifications.
Bolt Diameter (inches)
Enter a number
Bolt Torque (ft-lbs)
Enter a number
Bolt Grade A325 A36 Other (Specify)
If 'Other' Bolt Grade Selected, Specify:
Write something

Torque Verification Method
Torque Wrench
Turn-of-Nut Method
Comments/Observations Regarding Bolting (e.g., lubricant used, unusual
conditions)
Write something
Number of Bolts Verified
Enter a number
Bolt Condition (Select all that apply)
Clean
Rusty
Damaged
Correct Grade
☐ Incorrect Grade
Photo Documentation of Bolting (if issues observed)
Photo Documentation of Bolting (if issues observed) 4 Upload File

Fall Protection

Details requirements for fall protection systems, including harnesses, lifelines, and guardrails.

Working Height (Feet)
Enter a number
Type of Fall Protection Used
Full Body Harness & Lanyard
Harness & Double Lanyard
Harness & Self-Retracting Lifeline (SRL)
Guardrail System
Safety Net
Fall Protection Equipment Inspections Performed?
Harness
Lanyard/SRL
Anchor Points
☐ Helmet
Anchor Point Certification Status
Certified
Not Certified
□ N/A
Notes on Fall Protection Setup/Observations
Write something

Enter date	
Volding 9 Cut	ting (If Applicable)
	ting (If Applicable) s for any welding or cutting operations involved in the steel
Welding Processes Us	sed:
SMAW (Stick)	
GMAW (MIG)	
GTAW (TIG)	
FCAW (Flux-Cored)	
Other (Specify in LONG	G_TEXT)
Specify 'Other' Weldin	ng Process (if selected above):
Write something	
Welder Qualification S	Status:
Certified	
Uncertified - Under Su	pervision
Certification Expired –	Not Permitted
Wolder Cartification E	xpiration Date (YYYY):
Weider Certification =	

Ventilation Adequatory	
Ventilation Adequacy: Adequate	
Requires Improvement	
Not Adequate - Work Stopped	
Describe Ventilation Issues (if applicable):	
Write something)
	!
Welder Certification (if applicable): L Upload File	
Fire Safety Equipment Available:	
Yes	
□ No	
Fire Safety Plan Documented and Communicated?	
Write something)
	!

Confined Space Entry (If Applicable)

Covers requirements for safe entry and work within any confined spaces related to the erection.

Is a Confined Space Entry Permit Required? Yes No
Describe the Confined Space (Dimensions, Features, Potential Hazards) Write something
Potential Hazards Present (Select All That Apply) Oxygen Deficiency
Toxic Gases
Flammable Atmospheres
Engulfment Hazards
Physical Hazards (e.g., trip hazards)
Oxygen Level (%)
Enter a number
Combustible Gas Level (%)
Enter a number
Ventilation Method Used
Forced Air
Natural Ventilation
Other (Specify)

Write something	
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Write something Which communication Two-Way Radios Hand Signals	ication plan for crane operations (e.g., hand signals,

Who is the designated signal person for crane operations? Assigned and Qualified Individual Not Applicable To Be Determined
Signal Person's Name:
Write something
Date of last coordination meeting:
Enter date
Time of last coordination meeting:
Describe any potential communication barriers and how they are being mitigated.
Write something
Are all personnel aware of emergency communication procedures? Yes No N/A

Daily Inspection & Safety Briefings

Covers the importance of daily inspections and safety briefings to identify and address potential hazards.

Date of Inspection		
Enter date		
Time of Inspection		
Weather Conditions Observed		
Write something		
Briefing Topic(s) Covered		
Write something		
Equipment Condition (Crane, Rigging, etc.)		
Good		
☐ Fair - Requires Attention ☐ Poor - Out of Service		
Crane Inspection Report Number (if applicable)		
Enter a number		
Identified Hazards & Corrective Actions Planned		
Write something		

Overall Safety Readiness for the Day High Moderate Low - Requires Immediate Action	
Inspector Name Write something	
Inspector Signature	