



Subcontractor Compliance Checklist: Construction Site Safety & Legal Review

Pre-Contract Due Diligence

Review of subcontractor's licensing, insurance, and safety records prior to project commencement.

Subcontractor's License Number

License Expiration Date Verified?

- ☐ Yes
- ☐ No
- ☐ N/A

Copy of Subcontractor's Insurance Certificate

Date Insurance Certificate Verified

Notes on License/Insurance Verification

Write something...

Subcontractor's Safety Program Reviewed?

☐ Yes

☐ No

Insurance Verification

Confirmation of valid general liability, workers' compensation, and auto insurance coverage.

Policy Number

Enter a number...

Policy Effective Date

Enter date...

Policy Expiration Date

Enter date...

Coverage Amount (General Liability)

Enter a number...

Coverage Amount (Workers' Compensation)

Enter a number...

Coverage Amount (Auto Liability)

Enter a number...

Insurance Carrier

☐ Carrier 1

☐ Carrier 2

☐ Carrier 3

Certificate of Insurance (PDF)

 Upload File

Licensing & Permits

Verification of required licenses and permits for the specific scope of work.

Subcontractor License Number

Write something...

License Expiration Date

Enter date...

Permit Type (e.g., Excavation, Electrical)

Write something...

Permit Number

Enter a number...

Permit Issue Date

Enter date...

Permit Expiration Date

Enter date...

Permit Status (Active/Inactive/Pending)

- ☐ Active
- ☐ Inactive
- ☐ Pending

Safety Program Review

Assessment of subcontractor's safety program, training protocols, and hazard communication plan.

Describe Subcontractor's Safety Manual Summary

Write something...

Does the program address these topics?

- ☐ Hazard Communication
- ☐ Fall Protection
- ☐ Confined Space Entry
- ☐ Lockout/Tagout
- ☐ Excavation Safety

Number of Safety Meetings Held Per Month

Date of Last Safety Program Review

Employee Safety Training Documentation?

- ☐ Yes
- ☐ No
- ☐ Partial

Upload Safety Training Records (e.g., Certificates)

On-Site Safety Compliance

Observation of subcontractor adherence to site-specific safety rules, PPE requirements, and fall protection measures.

PPE Usage (Hard Hats, Safety Glasses, Vests)

- ☐ Fully Compliant
- ☐ Minor Deviation
- ☐ Significant Non-Compliance

Number of Safety Barriers/Cones Properly Placed

Enter a number...

Fall Protection Measures (Scaffolding, Harnesses)

- ☐ Adequate
- ☐ Needs Improvement
- ☐ Not Present

Housekeeping (Cleanliness & Order)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Location of Nearest First Aid Kit

 [Set My Current Location](#)



Any Observed Near Miss Incidents?

Write something...

Drug & Alcohol Policy

Verification of subcontractor's drug and alcohol testing program and employee awareness.

Does the subcontractor have a written drug & alcohol policy?

- ☐ Yes
- ☐ No
- ☐ Unknown

Frequency of random drug testing (days)

Enter a number...


What type of testing is utilized?

- ☐ Urine
- ☐ Hair
- ☐ Saliva
- ☐ Other

Brief summary of subcontractor's drug & alcohol policy (if available)

Write something...

Upload a copy of the subcontractor's drug & alcohol policy (optional)

 Upload File

Date of last policy review

Enter date...

Immigration Verification (E-Verify)

Confirmation of subcontractor's compliance with employment eligibility verification requirements.

Does the subcontractor participate in E-Verify?

- ☐ Yes
- ☐ No
- ☐ Not Applicable


Number of employees subject to E-Verify (if applicable)

Enter a number...

Date of last E-Verify compliance review

Enter date...

Upload copy of subcontractor's E-Verify participation documentation

 Upload File

Is the subcontractor utilizing the I-9 employment verification system?

☐ Yes

☐ No

☐ N/A

Notes regarding subcontractor's E-Verify status and compliance measures

Write something...

Contract Compliance

Monitoring of subcontractor adherence to contractual obligations, including payment terms and performance standards.

Invoice Number

Enter a number...

Invoice Date

Enter date...

Hours Billed

Enter a number...

Hourly Rate

Enter a number...

Total Amount Billed

Enter a number...

Payment Status

☐ Pending

☐ Paid

☐ Overdue

Payment Due Date

Enter date...

Notes on Contract Adherence

Write something...


Record Keeping & Documentation

Maintenance of records related to subcontractor compliance, including training certificates, inspection reports, and insurance documentation.


Record Creation Date

Summary of Compliance Review Findings

Copy of Subcontractor's Insurance Certificate

 Upload File

Copy of Subcontractor's License/Permit

 Upload File

Number of Safety Training Hours Completed (Subcontractor)

Documentation Status

- ☐ Complete
- ☐ Incomplete
- ☐ Review Pending

Date of Last Record Review

Enter date...

Incident Reporting & Investigation

Process for reporting and investigating incidents involving subcontractors, and implementation of corrective actions.

Date of Incident

Enter date...

Time of Incident

Detailed Description of Incident

Write something...

Type of Incident (e.g., Injury, Near Miss, Property Damage)

- ☐ Injury
- ☐ Near Miss
- ☐ Property Damage
- ☐ Equipment Failure
- ☐ Environmental Release

Contributing Factors (Select all that apply)

- ☐ Lack of Training
- ☐ Equipment Failure
- ☐ Environmental Conditions
- ☐ Communication Breakdown
- ☐ Procedural Error

Number of Employees Involved

Enter a number...

Attach Photos/Videos (if applicable)

 Upload File

Corrective Actions Taken

Write something...

Investigator Signature