



**OCTOBER 18, 2026**

**Grace Fellowship Site Safety Assessment**

This Checklist highlights key inspection points for identifying and evaluating safety hazards at the worksite.

<b>CHLB Project:</b>			<b>Location:</b>
<b>Leader(s):</b>			
<b>General Work Environment:</b>			
Yes	No	N/A	Are first-aid kits well-stocked and available at the worksite?
			Are all worksites clean and orderly?
			Are all work surfaces 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.)?
			Is the work environment free from trip hazards?
			Are work areas adequately illuminated, and are the lights in working order?
			Are smoke detectors intact and in working order?
<b>Personal Protective Equipment:</b>			
Yes	No	N/A	Are hard hats supplied and worn?
			Do all workers have appropriate footwear (closed-toe boots)?
			Hearing, eye, and/or respiratory protection is supplied and used when required?
<b>Construction Equipment:</b>			
Yes	No	N/A	Ladders are the correct size for the job?
			Ladders are placed on proper surfacing, fully opened, and locked in place?
			Are ladders kept more than 10' from any electrical power lines?
			Have workers been instructed on proper ladder climbing procedures?
			Are workers trained to use power tools (saws, nail guns, etc.)?
<b>Electrical</b>			
Yes	No	N/A	Do 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?
<b>Storage</b>			
Yes	No	N/A	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.**

.....  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
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.)