



Verification	Originator	Approved	Issued
Initials	MAJ	ST	ST
Date	12/10/14	12/15/2014	12/15/2014

### Title: COFL-FF-ED-4.4.6-3 (F) Environmental Management System Contractor Management Environmental Checklist

The following information is required to be completed by the Contractor prior to contracted activity or service.

Will the contracted activity or service include any of the following?

<u>Combustion Sources such as:</u>	<u>Check Yes or No to all questions</u>	
Air Heating and Supply	Yes	No
Mobile Transportation, such as forklift or carts	Yes	No
Construction Activities	Yes	No
Excavation or Grading	Yes	No
Drilling or Blasting	Yes	No
Rock Crushing	Yes	No
Demolition	Yes	No
Welding or Soldering	Yes	No
Painting	Yes	No
Asphalt Paving	Yes	No
Use or Storage of Chemicals, Fluids or Fuels	Yes	No
Transfer of Bulk Materials	Yes	No
Disposal of Chemical Wastes	Yes	No
Disposal of General Wastes	Yes	No



If yes, please describe waste streams:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Building Maintenance Activities:**

**Check  
Yes or No  
to all  
questions**

Architectural Paint Removal	Yes	No
Architectural Painting	Yes	No
Hydroblasting	Yes	No
Sandblasting	Yes	No
Surface Preparation / Treatments, such as floors and roof repair	Yes	No
Demolition	Yes	No
Purging or repair of distribution lines such as those for fuel, oil, or solvents	Yes	No
Use of chemicals, solvents, caustics, acids, oils, etc.	Yes	No
Use of herbicides, pesticides, or insecticides	Yes	No



**Business or Work Related Activities:**

**Check  
Yes or No  
to all questions**

Use or receipt of chemical materials  
(other than janitorial or cleaning materials.)

Yes      No

Generation and disposal of chemical wastes

Yes      No

Generation of sealers, adhesives, coatings, or paints

Yes      No

Welding, soldering, brazing or similar activities

Yes      No

Use of caustics or acids

Yes      No

Use of combustion gases

Yes      No

**Business or Work Related Activities:**

**Check  
Yes or No  
to all questions**

Please list fuels used:

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Laboratory installation

Yes      No

Medical Waste

Yes      No

Discharge to storm drains

Yes      No



To be completed by the City of Fort Lauderdale – Contract Administrator prior to the contracted work or service.

A review of the above activities determined:

This **Checklist** form (COFL-FF-ED-4.4.6-3 (F) is approved, no further action is needed.

The **Activity Manual** form (COFL-FF-ED-4.4.6-4 (F) must be completed by the contractor/supplier.

Contract Administrator Name: \_\_\_\_\_

Contract Administrator Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

Refer to **COFL-FF-EP-4.4.6-2 Contractor Management Procedure** for information regarding the use, routing and approval of this form.