



Verification	Originator	Approved	Issued
Initials	MRA	ST	ST
Date	10/6/2014	12/15/2014	12/15/2014

COFL-GTL-ED-4.4.6-3(F) CONTRACTOR MANAGEMENT ENVIRONMENTAL CHECKLIST

The following information is required by the City Supervisor prior to contracted activity or service.

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

Combustion Sources such as:

**Check Yes or No
to all questions**

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
High Voltage	Yes	No
Liquid Oxygen	Yes	No



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
Impact storm water system	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
Disposal of retired equipment	Yes	No



**Check Yes or No
to all questions**

Business or Work Related Activities:

Please list fuels used:

Laboratory installation	Yes	No
Medical Waste	Yes	No
Discharge to storm drains	Yes	No

To be completed by the City of Fort Lauderdale - Supervisor prior to the contracted work or service.

A review of the above activities determined:

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

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

Supervisor Name: _____

Supervisor Signature: _____

Phone: _____

E-mail: _____

Date: _____

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