

Monitoring Site Plan
Weekly Contractor Safety Summary

Contractor: _____

Date: _____

1. Number of employees on site _____
 Number of completed orientations _____

2. Toolbox meetings submitted _____

3. Formal inspections submitted _____
 Number of hazards identified _____
 Number of hazards corrected _____
 Number of hazards outstanding _____

4. Number of incidents _____
 Damage only _____
 Injury only _____
 Injury and damage _____
 Near miss _____

 Number of investigations completed _____

5. Number of critical pre-job hazard assessments _____
 Number of hazard assessments submitted _____

6. Number of controlled products on site _____
 Number of MSDS sheets submitted _____

7. Number of excavations conducted on site _____
 Number of WSH Registrations submitted _____

8. Number of swing stages on site _____
 Number of WSH Registrations submitted _____