 **MONTHLY HEALTH & SAFETY SUMMARY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | FOR THE MONTH OF: | | |  | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| PROJECT: | | |  | CONTRACT#: | |  | JOB/WAC#: | |  |
|  | | | | | | | | | |
| FROM: | | |  | TO: | |  | | | |
|  | | | | | | | | | |
| CONTRACTOR: | | |  | | | | | | |
|  | | | | | | | | | |
| PROJECT SPONSOR: | | |  | CONSULTANT: | |  | | | |
|  | | | | | | | | | |
| **TYPE OF WORK:** | | |  | | | | | | |
|  | | | | | | | | | |
| 1. | **Number of workers hired:** | | | | | |  | | |
|  | **Number who completed orientation:** | | | | | |  | | |
| 2. | **Number of tool box meetings conducted:** | | | | | |  | | |
| 3. | **Number of inspections completed:** | | | | | |  | | |
|  | **Total unsafe acts / conditions identified:** | | | | | |  | | |
|  | **Number outstanding:** | | | | | |  | | |
| 4. | **Number of incidents / accidents reported:** | | | | | |  | | |
|  |  | **Property damage:** | | | | |  | | |
|  |  | **Injury:** | | | | |  | | |
|  |  | **Injury and damage:** | | | | |  | | |
|  |  | **Near miss:** | | | | |  | | |
|  | **Number of incident / accident investigations completed:** | | | | | |  | | |
|  | **Were corrective measures required?:** | | | | | |  | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **CONTRACTOR’S SITE REPRESENTATIVE:** | | | | |  | |  |  | |
|  | | | | | Signature | |  | Date | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Copies to: | | General Contractor’s Head Office | | | | | | | |
|  | | Alberta Transportation’s Site Representative (Consultant) | | | | | | | |
|  | | (Consultant to forward copy to Project Sponsor) | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **For Alberta Transportation Use Only** | | | | | | | | | |
| Project Sponsor: | | Forward copy to Department Safety Officer | | | | | |  | |
|  | |  | | | | | | Date | |
| Safety Officer: | | Forward copy to Manager, OH&S, if: | | | | | | | |
|  | | * on-going OH&S issues identified; | | | | | | | |
|  | | * requested by the Manager | | | | | | | |