 **PROJECT COMPLETION**

**HEALTH & SAFETY REVIEW**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT: | |  | | | | | CONTRACT #: | | |  | | | JOB/WAC#: | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| FROM: | |  | | | | | FROM: | | |  | | | TO: | |  | | | |
|  | |  | | | | | FROM: | | |  | | | TO: | |  | | | |
| CONTRACTOR: | |  | | | | |  | | |  | | |  | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| PROJECT SPONSOR: | |  | | | | | CONSULTANT: | | |  | | |  | |  | | | |
| PROJECT ADMINISTRATOR: | |  | | | | | | | |  | | |  | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| PROJECT TYPE: | |  | | | | | TYPE OF WORK: | | |  | | |  | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| DURATION: | | FROM: | | |  | | | | | TO: |  | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| This report is to be completed by the Alberta Transportation’s Site Representative and Contractor’s Site Representative within two (2) days after completion of ***primary*** operations related to the contract. If major portions of the contract are undertaken by a sub-contractor, subsequent to the completion of the primary operations, a separate review must be conducted within two (2) days of the completion of the sub-contractor’s work. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Contractor’s OH&S Certificate of Recognition (COR) #: | | | | | | | |  | | | | | | |  | | | |
| Head Office Address: | | | | |  | | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | | |  | | | |
| Contractor’s Site Representative: | | | | |  | | | | | | | | | |  | | | |
| Alberta Transportation’s Representative: | | | | |  | | | | | | | | | |  | | | |
| Date of Pre-Construction Meeting: | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | Attended | | | | | |
|  | Sub-Contractors | | | | | |  | | OH&S Certificate of Recognition # | | | | Pre-Construction Meeting | | | | | |
| 1. |  | | | | | |  | |  | | | | YES | |  | or | NO |  |
| 2. |  | | | | | |  | |  | | | | YES | |  | or | NO |  |
| 3. |  | | | | | |  | |  | | | | YES | |  | or | NO |  |
|  | | | | | | | | | | | | | | | | | | |
| **FIELD PERSONNEL** | | | | | | | | | | | | | | | | | | |
| 1. | Did the contractor employ competent workers? | | | | | | | |  | | | | | | | | | |
| 2. | Were all the flagpersons employed on site certified? | | | | | | | |  | | | | | | | | | |
| 3. | Did contractor meet First Aid legislated requirements? | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **SITE CONDITIONS** | | | | | | | | | | | | | | | | | | |
| 1. | During the duration of the project were the department’s traffic accommodation standards met? | | | | | | | | | | | |  | | | | | |
| 2. | Did contractors identify hazards and take the appropriate action? | | | | | | | | | | | |  | | | | | |
| 3. | Was appropriate personal protective equipment used? | | | | | | | | | | | |  | | | | | |
| 4. | Did contractors conduct safety meetings? | | | | | | | | | | | |  | | | | | |
| 5. | Did contractors conduct and record safety inspections? | | | | | | | | | | | |  | | | | | |
| 6. | Number of Alberta Transportation Safety Officer inspections: | | | | | | | | | | | |  | | | | | |
| 7. | Number of inspections by Alberta Labour, Workplace OH&S Officers: | | | | | | | | | | | |  | | | | | |
| 8. | Number of Workplace H&S orders issued: | | | | | | | | | | | |  | | | | | |
|  | ***Note:*** *A copy of the Alberta Labour, Workplace H&S inspection reports may be required.* | | | | | | | | | | | | | | | | | |
| 9. | Were there re-occurring health and safety issues? | | | | | | | | |  | | | YES | |  | or | NO |  |
|  | If yes, please explain: | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **NUMBER OF CONTACTOR INCIDENTS** | | | | | | | | | | | | | | | | | | |
| 1. | Number of personal injury incidents/accidents: | | | | | |  | | | | | | | | | | | |
|  | Medical Aid: |  | | | | |  | | | | | | | | | | | |
|  | Lost Time: |  | | | | |  | | | | | | | | | | | |
|  | Fatalities: |  | | | | |  | | | | | | | | | | | |
| 2. | Total number of incidents/accidents involving vehicle/equipment/property damage | | | | | | | | | | | |  | | | | | |
|  | (including 3rd party liability occurring in the work zone): | | | | | | | | |  | | |  | | | | | |
| 3. | Number of incidents involving utilities: | | | | | | | | |  | | |  | | | | | |
| 4. | Number of investigations conducted by contractor: | | | | | | | | |  | | |  | | | | | |
| 5. | Were authorities involved? | | | | | | | | |  | | | YES | |  | or | NO |  |
|  | Which authorities? | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **CONTRACTOR’s OCCUPATIONAL HEALTH AND SAFETY PERFORMANCE** | | | | | | | | | | | | | | | | | | |
| 1. | Overall was the general contractor/sub-contractors health and safety performance satisfactory? | | | | | | | | | | | |  | | | | | |
|  | Please comment on the contractor’s sub-contractor’s OH&S program: | | | | | | | | |  | | | | | | | | |
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| **CONTRACTOR’s SITE REPRESENTATIVE:** | | | | | | | | |  | | |  | |  | | | | |
|  | | | | | | | | | Signature | | |  | | Date | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **ALBERTA TRANSPORTATION’S SITE REPRESENTATIVE:** | | | | | | | | |  | | |  | |  | | | | |
|  | | | | | | | | | Signature | | |  | | Date | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **For Alberta Transportation Use Only** | | | | | | | | | | | | | | | | | | |
| Send to: | | | 1. | General Contractor’s Head Office (by the Contractor’s Site Representative) | | | | | | | | | | | | | | |
|  | | | 2. | Project Sponsor (by the Alberta Transportation Site Representative) | | | | | | | | | | | | | | |
| Project Sponsor forwards copies to: | | | 1. | Department Safety Officer | | | | | | | | | | | | | | |