 **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
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