 **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: |       |
|  |       |
|  |       |
|  |
| **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 |