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| (Contractor/Other Work Site Party) **Health & Safety Monitoring Form**To be completed by Managers/Supervisors/Maintenance  |
| Other work site party/contractor: |  |
| Site/Department: |  |
| Completed by: |  |
| Daily site safety walk completed (print date) | **Mon****\_\_\\_\_\20\_\_** | **Tue****\_\_\\_\_\20\_\_** | **Wed****\_\_\\_\_\20\_\_** | **Thu****\_\_\\_\_\20\_\_** | **Fri****\_\_\\_\_\20\_\_** | **Sat****\_\_\\_\_\20\_\_** | **Sun****\_\_\\_\_\20\_\_** |
| Received and reviewed safety Information | **YES**  | **NO** |
| [Site to review any safety documents sent, such as hazard assessment (formal) any completed site specific hazard assessments and then verify by observation they are in use] |
| Document Reviewed: | [site to list documents reviewed, such as safe work procedures, hazard assessments, controls etc.] |
| Controls / Safe work practices selected  | [Site to list controls and or practices selected to review]  | [Site to list if any concerns identified, such as not using controls] |
| New hazards identified | [Site to list any new hazards identified] |
| Work stopped | [If site deems necessary to stop work, note on form why] |
| Recommendations | [Site to write recommendation] |
| Actions completed by: | 1.2.3. |
| Date: | Site Signature: | Contractor Signature:  |

Provide copies to HSC and relevant other work site parties