|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (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