



SITE WEEKLY SUMMARY

Please complete this form and submit it with your weekly documentation.

Company Name: _____ Project Name: _____

Date Submitted: _____ Week Ending: _____

Days on the Project: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Check and submit the following:

Pre-Job Safety Assessment or equivalent

Submitted: _____

Weekly Toolbox Talk

Number of Orientations Conducted: _____

Weekly Safety Inspections

Equipment Inspections (heavy equipment, suspended work platforms, scissor lifts, etc.)

Number of Total Personnel on Site (including management, staff and workers): _____

Person hours worked this week (average # of personnel daily x 40 hours): _____

Name (s) of First Aiders: _____

Names of Supervisors (Foreperson) on Site:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |

Additional Information Reports must be submitted to Health and Safety Manager every week.

Number of Disciplinary Actions:

Warnings: _____

Suspensions: _____

Number of Incidents:

Lost Time: _____ Medical Treatment: _____ Restricted Work: _____

First Aid: _____ Near Miss: _____ Damage: _____

List of all Weekly Safety Documentation and submit as a package

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

WorkSafeBC Visits / Orders: _____

Comments: _____

Form Completed By: _____