Contractor Safety Monitoring Checklist

Complete this form to record your safety monitoring activities for each site visit and keep a copy on the project file.

Project Name:_____ Contract Number: _____

Region:_____ Location: _____

Contractor:_____ Contractor Representative: _____

Contract Authority (Project Manager):_____ Date (DD/MM/YYYY):____/____/_____

Inspection Checklist

Attach additional pages if required

Item	Y/N	Comments
Is the site being properly managed?		
Were any unsafe conditions observed?		
Are first aid facilities readily available and appropriate?		
Is WHMIS information readily available and complete?		
Are workers wearing appropriate PPE?		
Have there been any incidents/accidents? If yes, then request documentation		
Have there been any WSCC visits or communications? If yes, then request documentation		

Documentation Checklist

Attach additional pages if required

Document	Requested Y/N	Received Y/N	Comments
Signed Declaration			
Hazard Inventories			
Worker Safety Orientations			
Emergency Preparedness Plan			
Safe Work Procedures			
Safety Meeting Records			
Toolbox Talk Records			

Additional Comments:

_____ _____

Contract Authority Signature Contractor's Signature