



Insulation



Commercial Windows



Steel



Metal Roofing

## SITE SAFETY REPORT – DELIVERIES / PICK UPS

THE FOLLOWING CHECKLIST MUST BE COMPLETED BEFORE UNLOADING / LOADING

DIVISION: \_\_\_\_\_ BUILDER/OWNER: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM REFERENCE #: \_\_\_\_\_

**PLEASE CIRCLE ONE**

- |   |     |    |
|---|-----|----|
| 1. Safe access to and from site                         | YES | NO |
| 2. Site safety and PPE requirements understood          | YES | NO |
| 3. Parking and lay down / pick up area clear of hazards | YES | NO |
| 4. Checked for overhead power clearance                 | YES | NO |

**IF YOU ANSWERED YES TO ALL OF 1 TO 4 GO TO 8**

**IF YOU ANSWERED NO TO ANY OF 1 TO 4 ANSWER 5 TO 7**

- |  |     |                           |
|--|-----|---------------------------|
| 5. BGC Transport Manager informed of issue | YES | NO                        |
| 6. Is a JSA Variation Form required        | YES | NO (If YES – send to BGC) |
| 7. Is a Non Generic JSA required           | YES | NO (If YES – send to BGC) |
| 8. Generic JSA No. _____                   |     | Date: _____               |

Comments: \_\_\_\_\_

\_\_\_\_\_

Name of Driver: \_\_\_\_\_ Vehicle Reg: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BGC Manager: Action required – see below      No Action required (Manager to sign off only)

Action: \_\_\_\_\_

\_\_\_\_\_

Builder Notified by:  Letter      FORWARDED TO (Full name):  
 Email      Mr \_\_\_\_\_  
 Fax      Ms \_\_\_\_\_  
 Other

Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional report attached PTO:  YES       NO