

SITE SAFETY REPORT – SITE VISITORS

(For Representatives, BGC Supervisors / Managers, OH&S Auditors visiting a site for meetings, ground level inspections, auditing not involving the use of tools - **THE FOLLOWING CHECKLIST MUST BE COMPLETED UPON ARRIVAL**)

DIVISION: _____ BUILDER/OWNER: _____

ADDRESS: _____

DATE: _____ TIME: _____ AM/PM REFERENCE #: _____

1. What is purpose of visit? _____

PLEASE CIRCLE ONE

- | | | |
|--|-----|----|
| 2. Site safety and PPE requirements understood | YES | NO |
| 3. Safe access to and from site? | YES | NO |
| 4. Safe pedestrian route around site? | YES | NO |
| 5. Checked for hazards caused by other workers | YES | NO |
| 6. All steps and hazards controlled by Generic JSA | YES | NO |

IF YOU ANSWERED YES TO ALL NUMBERS 2 TO 6 GO TO NUMBER 9

IF YOU ANSWERED NO TO ANY NUMBERS 2 TO 6 GO TO NUMBERS 7 & 8

- | | | |
|-------------------------------------|-----|---------------------------|
| 7. Is a JSA Variation Form required | YES | NO (If YES – send to BGC) |
| 8. Is a Non Generic JSA required | YES | NO (If YES – send to BGC) |

9. Generic JSA No. _____ Date: _____

Comments: _____

BGC EMPLOYEE/CONTRACTOR: _____ 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