

Please work with the contractor to complete this plan

Contractor Name:

Job Location:

Job Description:

Person in charge of job:

Job Hazards and risks:

Controls to be implemented:

Minimum Competencies:

Job Safety Analysis:

Work Permits required:

Regulator
notifications required:

Inspection/Audit schedule:

Incident reporting
procedure:

General safety facilities to
be provided for job:

Emergency
procedure:

Communication with
Principal:

Communication with
Staff and Contractors:

Monitoring Contractor Performance (Compliance with this Plan)

You should undertake inspections of the work to verify that the health and safety plan has been implemented on site and that all controls are in place.

1. Inspection Date:	Comments:	Signature:
2. Inspection Date:	Comments:	Signature:
3. Inspection Date:	Comments:	Signature:
4. Inspection Date:	Comments:	Signature:

End of Job or Contract: Was the job or contract completed satisfactorily?

Yes

No

Additional Comments: