**\*Mandatory Reporting fields \*Reporting Period Starting: Ending:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Project Title** | | |  | | | | | | |
| **\*Tender / RFx / Project No.** | | |  | | | | | | |
| **\*Project Location** | | |  | | | | | | |
| **\*NAME OF CONTRACT ORGANIZATION**  **Prime Contractor (Check box if Prime Contractor)** | | | | | | | | | |
| **NAMES OF SUB-CONTRACTOR COMPANIES** | | | | | | | | | |
| **Number of workers on-site:** | | | | | **Project Duration:** | | | | |
| **\*Contacts** | **Name** | | | | | | | **Contact Number** | |
| **\*Contracting Employer Site Rep.** |  | | | | | | |  | |
| **Site Health & Safety Rep** |  | | | | | | |  | |
| **\*Joint Work Site Health & Safety Committee Chair & Co-chair** |  | | | | | | |  | |
| **\*On-site Safety Advisor** |  | | | | | | |  | |
| **HEALTH AND SAFETY PERFORMANCE** | | | | | | | | | |
| **LAGGING INDICATORS** | | **Reporting Period Total** | | **Year to Date** | | **LEADING INDICATORS** | | **Reporting Period Total** | **Year to Date** |
| **\*Untreated injuries/illnesses** | |  | |  | | **\*Toolbox Talks** | |  |  |
| **\*First Aid** | |  | |  | | **\*Safety Meetings** | |  |  |
| **\*Medical** | |  | |  | | **\*Orientations** | |  |  |
| **\*Accommodation Work** | |  | |  | | **\*Inspections / Observations** | |  |  |
| **\*Lost-time Claims** | |  | |  | | **\*Hazardous Conditions** | |  |  |
| **\*Lost Workdays** | |  | |  | | **\*Near Misses** | |  |  |
| **\*Fatality** | |  | |  | | **\*JWHS Committee Meetings** | |  |  |
| **\*Potential Serious Incidents** | |  | |  | | **\*Field Level Hazard Assessments** | |  |  |
| **\*Number of incidents involving the public** | |  | |  | | **\*Corrective Actions Implemented** | |  |  |
| **\*Hours Worked (Regular)** | |  | |  | | **Other (specify)** | |  |  |
| **\*Hours Worked (Overtime)** | |  | |  | | **Other: (specify)** | |  |  |
| **\*Total Exposure Hours** | |  | |  | | Did the Contracting Employer experience any regulatory actions or inspections this month? | | | |
| **\*Total Lost-time Claim Rate (LTC)** | |  | |  | |
| **\*Total Recordable Injury Frequency (TRIF)** | |  | |  | | * **Yes** | | * **No** | |
| **\*Stop Work Orders** | |  | |  | |
| For any regulatory action, site visitor, or order, describe the actions taken / activity. | | | | | | | | | |
| Additional Comments: | | | | | | | | | |
| Name of Evaluator (Print & Sign) | | | | | | | Date | | |

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