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| **Property Owner:** | |
| **Company employees will be coming from (Workers):** | |
| **WorkSafeBC Account Number:** | |
| **Work Start Date:** | |
| **Anticipated Completion Date:** | |
| **Property Owner Supervisor:** | |
| **Company employees will be coming from** (**Supervisor**)**:** | |
| **Property Owner On-site First Aid Personnel:** | |
| **Check Once Reviewed** |  |
| Workers will contact Owner prior to entering Owner’s property |  |
| Owner has reviewed on site safety expectations and oriented Workers |  |
| Owner has reviewed site emergency procedures with Workers |  |
| Workers will notify owner of any and all activity that will or may generate a hazard |  |
| Owner, or designate will notify Workers of any and all known or potential site hazards |  |
| Owner has reviewed first aid location |  |
| Owner has reviewed who the first aid attendants are and how to contact them |  |
| Workers have been notified of the muster point location(s) |  |
| Workers have been shown and will follow agreed upon path to access their equipment |  |
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| **Work Site Information** | |
| First aid location: | |
| First aid attendants: | |
| First aid attendant contact information: | |

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| **Work Site Hazards** |
|  |
| **Reason for Accessing Property and Path to Access Equipment** |
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| **Owner Representative:** | **Off site personnel/visitor/external worker Representative:** |
| **Signature:** | **Signature:** |
| **Date:** | **Date:** |