|  |  |
| --- | --- |
| **General Information** | |
| **Site Supervisor:** | **Site Location:** |
| **Date:** | **Schedule for the weeks of:** |

**\*Attendees list on back**

|  |  |
| --- | --- |
| **Subcontractor 1:** | |
| **Timeline:** |  |
| **Activities:** |  |

|  |  |
| --- | --- |
| **Subcontractor 2:** | |
| **Timeline:** |  |
| **Activities:** |  |

|  |  |
| --- | --- |
| **Subcontractor 3:** | |
| **Timeline:** |  |
| **Activities:** |  |

|  |  |
| --- | --- |
| **Subcontractor 4:** | |
| **Timeline:** |  |
| **Activities:** |  |

**\*Highlight any activities that will impact contacting/receiving first aid.**

**\*Highlight any activities that will create a hazard and potentially impact another contractor and means to mitigate the risk of the hazard.**

|  |  |
| --- | --- |
| **Who Attended:** | |
| **PRINT NAME** | **SIGNATURE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**\*Highlight any activities that will impact contacting/receiving first aid.**

**\*Highlight any activities that will create a hazard and potentially impact another contractor and means to mitigate the risk of the hazard.**

**Disclaimer:** This resource is intended for guidance and employers are advised to customize this document or design their own to meet their business needs and legal obligations. Once customized from its original content this disclaimer may be removed to function as part of your Safety Program. This resource does not relieve persons using it from their responsibilities under applicable legislation. If you need assistance contact us at www.AgSafeBC.ca