
Supervisor's Project Safety Journal

This journal is the property of:

name

company

phone

SUPERVISOR'S PAPERWORK GUIDE

Hazard Assessment	A job safety planning tool. Designed to identify any shortfalls of the safety program on a job by job basis.	Before every job expected to last longer than 2 weeks.	Supervisor or designate
Safety Meeting Minutes	A short meeting of ALL company personnel on site to discuss current safety issues.	Weekly meetings are preferred, a minimum of monthly meetings is required.	Supervisor or designate
Worksite Inspection	A formal inspection of the jobsite, used to identify any potential hazards or noncompliances.	Weekly preferred but at least monthly.	Supervisor or designate
Monthly Summary	A statistical summary of all safety activities. Each site summary will be compiled into a complete company summary.	Monthly	Supervisor or designate
New Employee Orientation	An orientation to all site and company safety issues	When hired.	Supervisor or designate
Incident Investigation	A formal investigation of all accidents and incidents as per Investigations Policy.	As needed	Supervisor or designate
Infractions Record	A record of all infractions and discipline for breaking company safety rules.	As needed	Supervisor or designate
Treatment Record	A log of all treatment given from the first aid kit	As needed	Supervisor or designate
Out of Service Record	A log of all defective equipment that has been tagged and taken out of service	As needed	Supervisor or designate

EMERGENCY CONTACT NUMBERS

Site: _____

Location: _____

FIRE

AMBULANCE

POLICE

HOSPITAL

HEAD OFFICE

INDUSTRIAL ACCIDENTS

POISON INFORMATION CENTRE

EMERGENCY PREPAREDNESS

Remove and post where applicable.

Site: _____

Location: _____

First Aid Kit Location(s)

Fire Extinguisher Location(s)

Safety Manual Location

OH & S Act and Regs Location

Committee/Worker Rep(s)

Mobile Equipment	✓ / X	Ranking	Basic PPE In Use	✓ / X	Ranking
Maintenance Procedures			Hard Hats		
Maintenance Log Books			Safety Glasses		
Flagman Procedures			Safety Boots		
			Hearing Protection		
Fire Prevention					
			WHMIS		
Smoking / No Smoking Rules			MSDS's		
			Supplier Labels		
Scheduled Fire Inspections			Workplace Labels		
			Worker Data		
Fire Extinguishers					
On Vehicles			Vehicles		
In Buildings			Proper Maintenance		
All Personnel Trained In Their Use			Drivers Qualified		
			Loads Secured		
Fire Alarm System			Roof Racks Inspected		
Installed					
Inspected Regularly			Power Tools		
Fire Drills Held			Double Insulated Or Grounded		
			Maintenance Program		
Fire Department Assistance			"Out Of Service" System In Place		
Does Everyone Know How To Get Help					
			Hand Tools		
Personal Protective Equipment			"Right Tool For The Right Job"		
			Chipped Tools Not To Be Used		
Potential Hazards			Scaffolds		
Heat			Erected By Qualified Personnel		
Cold			Inspect Before Using		
Falling Objects			Meet Regulations		
Working At Heights					
Sparks From Live Circuits			Ladders		
Chips From Grinders			In Good Repair		
High Noise Level			Inspection Program In Place		
			"Out Of Service" Policy		
Electricity			Workers Trained In Use		
Electrical Tools & Equipment			Right Ladder For The Right Job		
Electrical Installations					
Existing Electrical Services			Project Specific Hazards		
Underground Installations					
Proper Trenching					

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Maintenance Procedures			Hard Hats		
Maintenance Log Books			Safety Glasses		
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Electricity			Workers Trained In Use		
Electrical Tools & Equipment			Right Ladder For The Right Job		
Electrical Installations					
Existing Electrical Services			Project Specific Hazards		
Underground Installations					
Proper Trenching					

JOB SAFETY & HEALTH PROTECTION

The Occupational Safety and Health Act of 1970 provides job safety and health protection for workers by promoting safe and healthful working conditions throughout the Nation. Provisions of the Act include the following:

Employers

All employers must furnish to employees employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious harm to employees. Employers must comply with occupational safety and health standards issued under the Act.

Employees

Employees must comply with all occupational safety and health standards, rules, regulations and orders issued under the Act that apply to their own actions and conduct on the job.

The Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor has the primary responsibility for administering the Act. OSHA issues occupational safety and health standards, and its Compliance Safety and Health Officers conduct jobsite inspections to help ensure compliance with the Act.

Inspection

The Act requires that a representative of the employer and a representative authorized by the employees be given an opportunity to accompany the OSHA inspector for the purpose of aiding the inspection.

Proposed Penalty

The Act provides for mandatory civil penalties against employers of up to \$7,000 for each serious violation and for optional penalties of up to \$7,000 for each nonserious violation. Penalties of up to \$7,000 per day may be proposed for failure to correct violations within the proposed time period and for each day the violation continues beyond the prescribed abatement date.

Also, any employer who willfully or repeatedly violates the Act may be assessed penalties of up to \$70,000 for each such violation. A minimum penalty of \$5,000 may be imposed for each willful violation. A violation of posting requirements can bring a penalty of up to \$7,000.

There are also provisions for criminal penalties. Any willful violation resulting in the death of any employee, upon conviction, is punishable by a fine of up to \$250,000 (or \$500,000 if the employer is a corporation), or by imprisonment for up to six months, or both. A second conviction of an employer doubles the possible term of imprisonment. Falsifying records, reports, or applications is punishable by a fine of \$10,000 or up to six months in jail or both.

Voluntary Activity

While providing penalties for violations, the Act also encourages efforts by labor and management, before an OSHA inspection, to reduce workplace hazards voluntarily and to develop and improve safety and health programs in all workplaces and industries. OSHA's Voluntary Protection Programs recognize outstanding efforts of this nature.

Where there is no authorized employee representative, the OSHA Compliance Officer must consult with a reasonable number of employees concerning safety and health conditions in the workplace.

Complaint

Employees or their representatives have the right to file a complaint with the nearest OSHA office requesting an inspection if they believe unsafe or unhealthful conditions exist in their workplace. OSHA will withhold, on request, names of employees complaining.

The Act provides that employees may not be discharged or discriminated against in any way for filing safety and health complaints or for otherwise exercising their rights under the Act.

Employees who believe they have been discriminated against may file a complaint with their nearest OSHA office within 30 days of the alleged discriminatory action.

Citation

If upon inspection OSHA believes an employer has violated the Act, a citation alleging such violations will be issued to the employer. Each citation will specify a time period within which the alleged violation must be corrected.

The OSHA citation must be prominently displayed at or near the place of alleged violation for three days, or until it is corrected, whichever is later, to warn employees of dangers that may exist there.

OSHA has published Safety and Health Program Management Guidelines to assist employers in establishing or perfecting programs to prevent or control employee exposure to workplace hazards. There are many public and private organizations that can provide information and assistance in this effort, if requested. Also, your local OSHA office can provide considerable help and advice on solving safety and health problems or can refer you to other sources for help such as training.

Consultation

Free assistance in identifying and correcting hazards and in improving safety and health management is available to employers, without citation or penalty, through OSHA-supported programs in each State. These programs are usually administered by the State Labor or Health department or a State university.

Posting Instructions

Employers in States operating OSHA approved State Plans should obtain and post the State's equivalent poster.

Under provisions of Title 29, Code of Federal Regulations, Part 1903.2(a)(1) employers must post this notice (or facsimile) in a conspicuous place where notices to employees are customarily posted.

More Information

Additional information and copies of the Act, specific OSHA safety and health standards, and other applicable regulations may be obtained from your employer or from the nearest OSHA Regional Office in the following locations:

Atlanta, GA	(404) 347-3573
Boston, MA	(617) 565-7164
Chicago, IL	(312) 353-2220
Dallas, TX	(214) 767-4731
Denver, CO	(303) 391-5858
Kansas City, MO	(816) 426-5861
New York, NY	(212) 337-2378
Philadelphia, PA	(215) 596-1201
San Francisco, CA	(415) 744-6670
Seattle, WA	(206) 553-5930

Washington, DC
1995 (Reprinted)
OSHA 2203



Robert B. Reich, Secretary of Labor
U.S. Department of Labor

Occupational Safety and Health Administration
Washington, DC 1995 (Reprinted) OSHA 2203

This information will be made available to sensory impaired individuals upon request. Voice phone: (202) 219-9615. TDD message referral phone: 1-800-326-2577

DAILY JOURNAL

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 month day year

Daily Safety Inspection - Unsafe Act(s) or Condition(s) _____

To Do List	Meetings / Appointments / Visitors
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WEEKLY TOOL BOX SAFETY MEETING MINUTES

Date: _____, _____, _____ **Site (s):** _____
 month day year

Topic(s) For This Week _____

Special Safety Issues This Week _____

Employee Safety Recommendations _____

Meeting Attended By: (Employee Signatures)

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Supervisor Signature: _____ **Date:** _____

Senior Management: _____ **Date:** _____

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WEEKLY TOOL BOX SAFETY MEETING MINUTES

Date: _____, _____, _____ **Site (s):** _____
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Topic(s) For This Week _____

Special Safety Issues This Week _____

Employee Safety Recommendations _____

Meeting Attended By: (Employee Signatures)

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Supervisor Signature: _____ **Date:** _____

Senior Management: _____ **Date:** _____

MONTHLY SUMMARY

Date: _____, _____, _____
 month day year

Number of Workers Hired _____

Number Completed Orientation _____

Number of Safety Meetings Held _____

 % Attendance _____

Number of Formal Inspections _____

Total Unsafe Acts / Conditions _____

Number Corrected _____

Number Outstanding _____

Number of Incidents _____

Damage Only _____

Injury Only _____

Injury and Damage _____

Near Miss _____

Number of Investigations _____

Number Reports Complete _____

Recommendations Made _____

Recommendations Completed _____

Recommendations Outstanding _____

Regulation Offences _____

Work Refusals _____

Supervisor Signature: _____

Date: _____

Senior Management: _____

Date: _____

FALL ARREST HARNESS INSPECTION

Date: _____, _____, _____ **Site (s):** _____
month day year

Name (User)									
Checklist									
Harness Webbing or Leather									
All Stitching									
Rivets & Eyelets									
D-Rings, Buckles and Tongue									
Body Pad (If Applicable)									
Lanyards									
Safety Latch / Hook									
Certification or Data Tag									

✓ = YES / OK X = NO/REPLACE

Complete and forward to the Safety Director at the Main Office.

Completed By: _____ **Date:** _____

DAILY JOURNAL

Date: _____, _____, _____ **Site (s):** _____
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DAILY JOURNAL

Date: _____, _____, _____ **Site (s):** _____
 month day year

Daily Safety Inspection - Unsafe Act(s) or Condition(s) _____

To Do List	Meetings / Appointments / Visitors
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WEEKLY TOOL BOX SAFETY MEETING MINUTES

Date: _____, _____, _____ **Site (s):** _____
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Topic(s) For This Week _____

Special Safety Issues This Week _____

Employee Safety Recommendations _____

Meeting Attended By: (Employee Signatures)

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Supervisor Signature: _____ **Date:** _____

Senior Management: _____ **Date:** _____

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Supervisor Signature: _____ **Date:** _____

Senior Management: _____ **Date:** _____

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Topic(s) For This Week _____

Special Safety Issues This Week _____

Employee Safety Recommendations _____

Meeting Attended By: (Employee Signatures)

1.	7.
2.	8.
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Supervisor Signature: _____ **Date:** _____

Senior Management: _____ **Date:** _____

MONTHLY SUMMARY

Date: _____, _____, _____
 month day year

Number of Workers Hired _____

Number Completed Orientation _____

Number of Safety Meetings Held _____

 % Attendance _____

Number of Formal Inspections _____

Total Unsafe Acts / Conditions _____

Number Corrected _____

Number Outstanding _____

Number of Incidents _____

Damage Only _____

Injury Only _____

Injury and Damage _____

Near Miss _____

Number of Investigations _____

Number Reports Complete _____

Recommendations Made _____

Recommendations Completed _____

Recommendations Outstanding _____

Regulation Offences _____

Work Refusals _____

Supervisor Signature: _____

Date: _____

Senior Management: _____

Date: _____

FALL ARREST HARNESS INSPECTION

Date: _____, _____, _____ **Site (s):** _____
month day year

Name (User)									
Checklist									
Harness Webbing or Leather									
All Stitching									
Rivets & Eyelets									
D-Rings, Buckles and Tongue									
Body Pad (If Applicable)									
Lanyards									
Safety Latch / Hook									
Certification or Data Tag									

✓ = YES / OK X = NO/REPLACE

Complete and forward to the Safety Director at the Main Office.

Completed By: _____ **Date:** _____

21. Description of Incident: _____

Diagram of Scene:

22. Witness(es): _____

Witness(es) statement(s) attached? Yes No

23. Immediate Causes(s): _____

Description: _____

24. Underlying Cause(s): _____

25. Corrective Action(s) (Immediate, Interim, Final): _____

26. Date Report Completed (Y/M/D) ____/____/____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Senior Management: _____

Date: _____

21. Description of Incident: _____

Diagram of Scene:

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Witness(es) statement(s) attached? Yes No

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Employee Signature: _____

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Date: _____

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Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Senior Management: _____

Date: _____

NEW EMPLOYEE ORIENTATION

Essential Information Record

Employee Name: _____ Phone Number: _____

Address: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Social Insurance Number: _____

TD1 Claim Code: _____

Rate Hired: _____

Date of Birth: _____

Notes (extra deductions, pay instructions, etc.)

Equipment Assigned at hire - (PPE, Tools, etc.)

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Essential Information Record

Employee Name: _____ Phone Number: _____

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