## Project Safety Summary Report

|  |
| --- |
| **OCIP Safety Representative****Project Safety Summary Report** |
| **Project Name:** |  |
| **GC/CM:** |  |
| **Date of Survey:** |  | **Time of Survey:** |  |
| **OCIP Safety Observer:** |  |
| **Project Safety Manager:** |  |
| **Approx. # of Workers on site:** |  | **% Project Complete:** |  |
|  |
| **Construction Activities Observed:** |
|  |
| **List of subcontractors on site:** |
|  |  |
| **Positive Observations (Best Practice):** | **Photo #** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Areas for Improvement:** | **Item #** | **Photo #** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Recommendations (see attached)** |
|  |
| **Losses incurred since last survey:** |
|  |
| **Future Services/Critical Evolutions Planned:** |
|  |
|  |