## Project Safety Summary Report

## OCIP Safety RepresentativeProject Safety Observation Form

**Project Safety Notice**

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| Project:  |  | GC/CM:  |  |
| Date: |  | OCIP Safety Representative:  |  |
| Time: |  | GC/CM Project Contact: |  |

The following Conditions/Behaviors were observed:

H = High Risk L = Low Risk P = Positive Observation

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| Item # | Observation | Contractor | Action Taken | Date Closed |
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| The recent survey made of your premises and/or operations, was not intended to detect all potential safety issues, causes of loss, code violations, or exceptions to good practice, and does not relieve you of any responsibilities to identify and correct unsafe practices or conditions or operations. We do not assume any liability resulting from providing such service. Nothing in this notice shall be construed as a direction to perform added work, and shall not be considered as a modification to existing contractual obligations. |