## Project Safety Summary Report

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| **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:** | |  | |
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| **Construction Activities Observed:** | | | | | | |
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| **List of subcontractors on site:** | | | | | | |
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| **Positive Observations (Best Practice):** | | | | | | **Photo #** |
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| **Areas for Improvement:** | | | | | **Item #** | **Photo #** |
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| **Recommendations (see attached)** | | | | | | |
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| **Losses incurred since last survey:** | | | | | | |
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| **Future Services/Critical Evolutions Planned:** | | | | | | |
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