



## In Progress Health and Safety Report

This report is completed during the contract by the contract administrator in the presence of and/or reviewed with the contractor to monitor compliance with the Contractor Health and Safety Management Program.

### General

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Form completed by: \_\_\_\_\_

(print name)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

W.O. #: \_\_\_\_\_ P.O. #: \_\_\_\_\_ Project Identifier: \_\_\_\_\_

Scope of work location: \_\_\_\_\_

Reporting Period:

Start \_\_\_\_\_

End \_\_\_\_\_

Lost time injury frequency rate =  $\frac{\# \text{ lost time injuries} \times 200,000}{\text{Exposure hours}} =$  \_\_\_\_\_

Exposure hours

Number of:

1. First aid incidents \_\_\_\_\_

2. Medical aid incidents \_\_\_\_\_

3. Lost time incidents \_\_\_\_\_

4. Near miss incidents \_\_\_\_\_

5. # of Investigations \_\_\_\_\_

6. # Work Observations \_\_\_\_\_

7. Safety Meetings \_\_\_\_\_

8. OH & C Meetings \_\_\_\_\_

9. # Inspections \_\_\_\_\_



**Non-conformances to CHSM Program for Report Period**

	Number issued By SaskPower	Number resolved & SaskPower accepted	Number of unresolved
Opportunity for Improvement	_____	_____	_____
Minor	_____	_____	_____
Major	_____	_____	_____

Number of Subcontractors utilized \_\_\_\_\_ Firms  
 \_\_\_\_\_ Peak number of staff

Number of Subcontractor:

- 1. First aid incidents \_\_\_\_\_
- 2. Medical aid incidents \_\_\_\_\_
- 3. Lost time incidents \_\_\_\_\_
- 4. Near miss incidents \_\_\_\_\_
- 5. Work observations \_\_\_\_\_

Comments:

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Submitted to:

SaskPower Contract Administrator: \_\_\_\_\_

Signed  Reviewed   
 Accepted  Rejected

If rejected please provide reason:

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