



J-AAR Contractor – WEEKLY SSSP REVIEW

Contractor:		Name:
Project:		Signature:
Project Manager or Designate:		

WEEK OF: _____

Yes	No	Not Required	Received by JAAR
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TRAINING AND COMMUNICATION				
1. Have all workers active on site received up to date WHMIS Training?				
2. Have all workers active on site received up to date General Health & Safety Training?				
3. Have all workers active on site received up to date Site Specific Orientation Training?				
4. Have Site Specific Emergency Procedures been discussed with all workers active on site?				
5. Are Pre-Work Risk Assessments (or an equivalent) completed daily?				
6. Are Toolbox Talks (or equivalent) completed on site weekly at a minimum?				
PREVENTATIVE SAFETY				
7. Are Site Inspections being completed on a regular basis?				
8. Is all equipment being inspected at least once per shift?				
9. Is there a record of hazards being reported and documented to management on site?				
10. Have there been any Near Misses reported?				
11. Have there been any incidents reported? (Property Damage – Critical Injury)				
12. Have there been any recent Corrective Actions or Changes Implemented on this site as a result of a workplace incident?				
TASKS COMPLETED THIS WEEK	RISKS ASSOCIATED		CONTROLS IMPLEMENTED	