



Contractor Safety Report

Form/Formulaire #: 0647
Revision: 2023-10-04

For Month Ending: (yyyy/mm)	Project / Location:	
Completed By:		Title:
Measure		Details
1. Number of workers at this location:		
2. Number of person-hours:		
3. Number of Incidents: (near misses, property/equipment damage, environmental)		
4. Number of First Aids:		
5. Number of Medical Aids:		
6. Number of Lost Time Injuries:		
7. WSNB Inspection(s): (Itemize infractions & follow up):		
8. Any Work Refusals:		
9. Stop Work Order(s) Issued:		
10. Tailboard Conference(s)/ Pre-Job Brief(s):		
11. Safety Meeting(s) topics covered:		
12. Additional Comments:		

Contractors must complete this form and ensure it is submitted every month to the NB Power Contact

Signed: _____

Date: _____

On behalf of: _____