

SITE VISITOR FORM

Company Representative _____

Visitor _____ Phone # _____

Company _____

Purpose of visit: _____

Date: _____ Time In: _____ am pm Time Out: _____ am pm

I have received a Site Orientation and understand the following:

- Site Specific Hazards
- Site Emergency Procedures
- Personal Protective Equipment (PPE) Requirements
- Restricted Areas
- Smoking Areas
- Applicable Safe Work Procedures
- General Site Safety Rules
- Other _____

Initial

I will report any safety concerns to the superintendent or safety Coordinator prior to leaving the site.

I understand that I am to keep my PPE on at all times.

I understand I am not to go into areas that I have not been given authority to enter.

I understand that I am to stay with my designated guide at all times while on this site.

I understand where I am to go in the event of an emergency.

I understand what my obligations are with regards to injuries sustained while on this site.

By signing below you acknowledge that you have been orientated to the safety requirements of this site and your expected conduct while on this site. You also acknowledge that you will comply with the WorkSafeBC Regulation and our OH&S program and all site rules.

VISITOR SIGNATURE

COMPANY REPRESENTATIVE SIGNATURE