

MJR Masonry Inc.

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Monthly Safety Summary

Date: _____

1. Number Workers Hired: _____
Number Completed Orientation: _____

2. Number Tool Box Meetings Scheduled: _____
Number Conducted: _____
Percentage Attendance: _____

3. Number Formal Inspections Scheduled: _____
Number Completed: _____
Total Unsafe Acts/Conditions Identified: _____
Number Corrected: _____
Number Outstanding: _____

4. Number of Incidents: _____

 Damage Only: _____
 Injury Only: _____
 Injury and Damage: _____
 Near Miss: _____

Number of Investigations Completed: _____

 Outstanding: _____

Number of Recommendations made: _____

 Complete: _____
 Outstanding: _____

Manager's Signature: _____