| **PROJECT INFORMATION** |
| --- |
| **Contractor Name**:  | **Work Order #**:  |
| **Project or Job Title**:  | **Project Location**:  |
| **Project Start Date**:  | **Today’s Date**:  |

**SAFETY DOCUMENTS FOR THE PROJECT**

**APP**

**AHAs** (list each)

 1.

 2.

3.

4.

5.

6.

7.

8.

**SPECIFIC PLANS** (list each)

 1.

2.

3.

4.

5.

6.

7.

8.

**PERMITS REQUIRED DURING PROJECT** (list each)

 1.

 2.

 3.

4.

*The undersigned acknowledge that they have been given copies of the safety documents for this project; they have read and understand them,*

*and will adhere to the safety elements in their daily work under this project.*

| **Name** | **Title** | **Signature** |
| --- | --- | --- |
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