

SAFETY DOCUMENTS

SUBMITTAL SUMMARY

Project Name	
Location	
Work Order Number	
Contract Number	
Reference Trade or Activity	
Submission Number	
Date of Submission	
Items Submitted	
General Contractor Name	
Subcontractor Name(s)	
Reviewed by Name (General Contractor Safety Rep)	
Reviewed by Signature (General Contractor Safety Rep)	

***By submitting, it is inferred that the general contractor is certifying that the information provided is true and representative, and that any change in the conditions described or inadequacies found for protecting employees during the activity may require a revision.***

***General Contractor has sole regulatory and legal responsibility for the occupational health and safety of their employees and lower-tier subcontractors and environmental compliance of their work activities.***

***Further review and acceptance by FNL personnel does not relieve General Contractor of any obligation for compliance with regulations or site/project specific requirements.***