HAZCO

A Division of CCS Income Trust

Weekly Site Safety Inspection Follow-up Sheet

Date: _____

Inspected by: _____

Item #	Safety Item	Pic #	Person Responsible	Hazard Rating	Action Required	Date to be done	Date Done	CSO Initial

Follow-up Tracking Control

☐ CC: "**NOT** ALL ITEMS **COMPLETE**" Site Rep Signature: _____ Date: _____

☐ CC: " ALL ITEMS **NOW** COMPLETE" Site Rep Signature: _____ Date: _____