

PROJECT NAME: _____
PROJECT ADDRESS: _____

SUPERINTENDENT: _____
PROJECT MANAGER: _____
SAFETY COORDINATOR: _____
DATE: _____ **JOB#:** _____ **Page** _____ **of** _____

SUPERVISOR'S WEEKLY SAFETY TOUR REPORT

LOCATION	JOB SITE CONDITIONS OBSERVED / CORRECTIVE ACTION TAKEN IF NECESSARY	DATE CORRECTED	CORRECTED BY

Superintendent Signature **Date**