

# NEW PROJECT ADMINISTRATIVE SAFETY CONTROLS

PROJECT NAME

PROJECT NUMBER

PROJECT LOCATION

ESTIMATED START DATE

ESTIMATED FINISH DATE

CLIENT

CWM PROJECT MANAGER

SCOPE OF WORK

HAS THE CWM PROJECT MANAGER SUBMITTED THE SAFETY  
CONTRACT REQUIREMENTS TO THE SAFETY DIRECTOR

- ☐ YES
- ☐ NO
- ☐ PENDING
- ☐ N/A

CWM COMPETENT PERSON

SELECT ALL THAT APPLY

- ☐ OSHA-10 CERTIFIED
- ☐ OSHA-30 CERTIFIED
- ☐ CPR/FIRST AID/AED CERTIFIED

ARE WE USING SUBCONTRACTORS

CHOOSE ONE