

Wieland-Davco Variance Procedure Form

Date: _____ **Client:** _____

Project: _____ **Superintendent:** _____

Project No: _____ **Site Safety Manager:** _____

Policy or Procedure for Variance: _____

Reason for Variance: _____

Alternative Procedures: _____

Effected Craft: _____

Supervisor Signature: _____

Site Safety Manager Signature: _____

Corporate Safety Director Signature: _____