



CONTRACTOR SAFETY PROGRAM CHECKLIST

PART 1

(TO BE COMPLETED BY CONTRACTOR)

P.O. # _____

Contractor Name: _____

Contractor Representative: _____

RFQ/RFT/RFP Bid Number#: _____

Number of Staff (Full/Part time): _____

Section A: WSIB & INSURANCE LIABILITY CERTIFICATE	Yes	No	Number
i) Proof of WSIB Clearance Certificate			
ii) Proof of Liability Insurance Coverage (<i>min \$5,000,000.00</i>) Proof of Automobile Insurance Coverage (<i>min. \$5,000,000</i>)			
iii) If contract job lasts more than 2 months, you will be required to provide WSIB clearance every 2 months (90 days).			
Section B: INCIDENT STATISTICS / REPORTING	Yes	No	Number
i) Do you maintain files on incident reports?			
ii) How many incidents has your company had in last 2 years?			
iii) Has your company experienced critical incidents or fatalities in the last 5 years? If so, how many?			
Section C: HEALTH & SAFETY POLICY & PROGRAM	Yes	No	N/A
i) Does your company have a Health & Safety Policy?			
ii) Does your company have a program in place to implement this policy?			
iii) Do you have a Joint Health & Safety Committee? This is a legislated requirement if you have 20 or more staff.			
iv) Do you coordinate safety meetings? If so, how often?			

For Section C, please mark each training program conducted by your company, and written policy/procedure that is applicable to the work/services to be performed. For work over \$20,000.00, please enclose a copy.

Section C: <u>Training Policy/Programs</u> *Check if applicable to work/service to be performed*	Training				Written Procedure	
	Yes	No	N/A	Frequency	Yes	No
WHMIS – Generic (Legislation Overview)						
WHMIS – Specific Chemical Review						
Designated & Hazardous Substances (List): - -						
Respiratory Protection						
Workplace Inspections						
Accident Reporting						
Transportation of Dangerous Goods						
Confined Space Entry						
Traffic Control						
Fire Protection						
First Aid						
Emergency Procedures						
Trenching / Shoring / Excavation						
Lockout / Tag out						
Machine Guarding						
Forklift						
Chainsaw						
Electrical Safety						
Ladder Safety						
Crane / Rigging Safety						
Rescue / Retrieval						
Lifting Techniques (Manual/Mechanical)						
Welding or Cutting						
Demolition						
Fall Protection						
Elevated Work Platforms						
Scaffolding						

Section C: <u>Training Policy/Programs</u> cont'd. *Check if applicable to work/service to be performed*	Training				Written Procedure	
	Yes	No	N/A	Frequency	Yes	No
Roofing						
Personal Protective Equipment - Eye - Hearing - Footwear - Head Protection						
Other (please list):						

For Section D, please check the Personal Protective Equipment you will be providing for the work to be completed.

SECTION D: PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS	Yes	No	N/A
Hard Hats and or Other Head Protection			
Safety Glasses/Goggles/, Face Protection/Shield			
Hearing Protection			
Safety Boots			
Gloves			
Safety Harnesses / Fall Arrest Equipment (Full Body)			
Personal Floatation Devices / Life Jackets			
Traffic Vests			
Respiratory Protection (specify type):			
Protective Clothing (gowns, masks, TYVEK suits)			
Other (please list):			

For Section E, please ensure this part meets the basic WHMIS requirements.

SECTION E: HAZARDOUS SUBSTANCES	Yes	No	N/A
i) Please enclose a copy of all materials safety data sheets (MSDS's) for chemical products to be used on site.			
ii) Please enclose a list of all designated substances to be used on site (As defined by the Occupational Health & Safety Act, lead, mercury, asbestos, silica etc.)			
iii) Are all products appropriately labeled ?			
iv) Do you conduct annual reviews and training on WHMIS ?			
v) Are your chemicals stored in adequate containers for use on this site?			

SECTION F: ORIENTATION	Yes	No	N/A
Do you provide any health and safety orientations for new employees?			

SECTION G: EQUIPMENT	Yes	No	N/A
i) Please enclose a copy of all equipment to be used on site, excluding non-powered hand tools.			
ii) a) Do you conduct pre-start inspections of large motorized equipment? b) Do you maintain records of these inspections?			
iii) a) Do you conduct monthly inspections of large motorized equipment? b) Do you maintain records of these inspections?			

SECTION H: CERTIFICATION/LICENSING Please indicate each category of certification or licensing required to perform the work. List others not included.	Yes	No	N/A
Trades Qualification (Trades Qualification Act of Ontario)			
Extermination License			
Hazardous Waste & Designated Substances (i.e. Asbestos)			
Professional license			
Welding			
Electrical			
Plumber			
Fork Lift & Other Lift Devices			
Chainsaw			
Air Brake "Z" Endorsement			
A specific Class of Drivers License (such as AZ, DZ, F, G, etc)			
Other (list):			

SECTION I: SUB-CONTRACT WORK Please indicate if any of the work will be sub-contracted for projects not undertaken as a constructor (defined by the Act).	Yes	No	N/A
i) Do you plan to sub-contract any work			
ii) It is required that sub-contractor(s) complete this Contractor Checklist. Is a copy of this checklist enclosed for sub contractor(s)?			
iii) List the work to be subcontracted:			

CONTRACTOR SAFETY PROGRAM CHECKLIST

The undersigned hereby acknowledges and represents the information set out in the above is accurate and valid:

FIRST NAME: _____

LAST NAME: _____

POSITION: _____

COMPANY: _____

SIGNATURE: _____

DATE: _____

PART 2

Pre-Commencement Checklist

(TO BE COMPLETED BY CITY REPRESENTATIVE)

	Yes	No	N/A
1) Contractor Checklist reviewed has been reviewed? Clarify any information or request further documentation.			
2) Orientation of hazards (physical, chemical, biological, etc) at the work site(s). Review City of Niagara Falls Corporate Safety Policies (applicable to work being performed). Copies may be provided.			
3) Reinforce Contractor staff are not allowed to use or operate City's equipment, devices, machines, vehicles, tools (powered or non powered), etc to carry out work, unless noted in the specific contractual agreement.			
4) Documentation and/or MSDSs pertaining to hazardous substances and WHMIS products have been enclosed and reviewed.			
5) Contractor advised of Emergency Procedures, if applicable.			
6) Review with contractors applicable security protocols for the work site.			
7) List of contractor staff who will be onsite to supervise the work has been provided?			
8) Review Guidelines of Post Performance Evaluation (Appendix C) with contractor. Contractor may be ordered off the City site and/or to stop work for safety infractions, or not following City Corporate Policies.			
9) Contractors will remove all chemicals & hazardous products from the work site location at the end of project/contract.			
10) Contractors may be required to sign in/out as a visitor at certain work locations. Advise if required.			
11) City work site Supervisory staff reserve the right to inspect the work location/job site and document their findings for future audit purposes.			
12) Serious incidents involving contractors must be investigated jointly by the contractor, site supervisory staff, and a representative from Corporate Health and Safety.			
13) Any equipment, device or activity that may generate a hazardous atmosphere (i.e. fire, toxic, nuisance dust or odors) or physical hazard (i.e. noise, heat, vibration, radiation) will not be carried out on, near or within the confine of any City building without the appropriate control measures and safeguards in place. Further, authorization will be required from appropriate City staff.			
14) The job site and work area will be kept clean and free of trip/slip and fall hazards. Warning and barricades must be in place when work will create a hazard for employees or the public.			
15) Sub-contractors performing work have also participated in the pre-commencement meeting and checklist?			

PART 3

Post Performance Evaluation

(TO BE COMPLETED BY CITY REPRESENTATIVE)

EVALUATION CRITERIA	EXCEPTIONAL	SATISFACTORY	UNACCEPTABLE
1a) Did the work get done on time? _____ b) If not, were reasons avoidable _____ unavoidable _____			
2) Adherence to the specifications of the tender document.			
3) Rate quality of work completed.			
4) Compliance with Health & Safety & Environmental standards.			
5) Overall customer service.			
6) Were specific issues addressed in a timely & acceptable manner?			
DESCRIPTION		NUMBER OF OCCURRENCES	
Total number of accidents:			
Total number of critical injuries reported to Ministry of Labour:			
Property damage incidents:			
Ministry of Labour orders, if applicable:			

CONTRACTOR SAFETY PROGRAM CHECKLIST

ADMINISTRATIVE:

Performance Record and Evaluation data on this form has been completed by:

Department Representative:

Name: _____ Title: _____

Signature _____ Date: _____

Additional Comments:

A series of horizontal lines provided for entering additional comments.