LEGAL NAME (CORPORATION):

SIGNING AUTHORITY:

CONTACT NUMBER:

NUMBER OF STAFF EMPLOYED (FULL & PART-TIME):

□ Annual Service Contract □ Contract

**Vendor:**

The following Health & Safety Program information is to be submitted to the County of Hastings prior to commencing services. The Representative for the County of Hastings reserves the right to review this form and request documented verification of any elements of the Health & Safety Program.

# **SECTION A: HEALTH SAFETY POLICY & PROGRAMS**

|  |  |  |  |
| --- | --- | --- | --- |
| **HEALTH & SAFETY POLICY AND PROGRAM** | YES | **NO** | **N/A / Frequency** |
| Do you have a Health & Safety policy statement, and a program in place to implement this policy? (attach copy) |  |  |  |
| Do you have an Accident Report Form and Accident Investigation Form in the case of an injury or “near miss”? (attach copy of blank form) |  |  |  |
| Does the Vendor agree to provide a copy of the Accident Report Form and Accident Investigation Form to the Project Manager if there is an injury or “near miss”? |  |  |  |
| Will a Vendor Self - Inspection Report be completed? How often? |  |  |  |
| Will a Project Progress Report be completed? How often? |  |  |  |
| Do you have a Joint Health and Safety Committee (JHSC) in place? (This is a legislated requirement for vendors with 20 or more full and part-time employees) |  |  |  |
| Do you have a Health & Safety Representative in place, rather than a committee?  (This is a legislated requirement if you have 6 to 19 full and part-time employees) |  |  |  |
| Do you coordinate safety meetings or tailgates? If so, how often? |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EQUIPMENT** | YES | **NO** | **N/A** | **FREQUENCY** | **COPIES** |
| Enclose a list of all equipment to be used on the job site (excl. non-powered hand tools) |  |  |  |  | Requested □  Received □ |
| Do you conduct pre-start inspections of large motorized equipment?  Do you maintain records of these inspections? |  |  |  |  | Requested □  Received □ |
|  |  |  |  | Requested □  Received □ |
| Do you conduct monthly inspections of all motorized equipment?  Do you maintain records of these inspections? |  |  |  |  | Requested □  Received □ |
|  |  |  |  | Requested □  Received □ |
| Do you conduct routine maintenance on all equipment  How often is the maintenance conducted?  Do you maintain records of this maintenance? |  |  |  |  | Requested □  Received □ |
|  |  |  |  | Requested □  Received □ |
|  |  |  |  | Requested □  Received □ |
| Please outline your requirements for the safe storage of tools and equipment: | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **EQUIPMENT APPROVED SAFE** | YES | **NO** | **N/A** |
| Do you have all large motorized equipment, such as cranes or forklifts, certified on an annual basis? |  |  |  |
| Which company performs this certification? |  |  |  |

Please mark each training program conducted by your company and written policy/procedure that is applicable to the work to be performed. Please include any training programs not listed in the section provided. Upon request please enclose a copy.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TRAINING POLICY/PROGRAMS** | YES | **NO** | **N/A** | **FREQUENCY** | **WRITTEN PROCEDURE**  **YES NO** | |
| WHMIS – Generic (Legislation Overview) |  |  |  |  |  |  |
| WHMIS – Specific Chemical Review |  |  |  |  |  |  |
| Designated Substances (Please List): |  |  |  |  |  |  |
| Accident Investigation |  |  |  |  |  |  |
| Respiratory Protection |  |  |  |  |  |  |
| Workplace Inspections |  |  |  |  |  |  |
| Transportation of Dangerous Goods (TDG) |  |  |  |  |  |  |
| Confined Space Entry |  |  |  |  |  |  |
| Traffic Control |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |
| Fire Protection |  |  |  |  |  |  |
| First Aid |  |  |  |  |  |  |
| Emergency Procedures |  |  |  |  |  |  |
| Lockout / Tag-out |  |  |  |  |  |  |
| Forklift/Elevated Platform |  |  |  |  |  |  |
| Chainsaw |  |  |  |  |  |  |
| Electrical Safety |  |  |  |  |  |  |
| Ladder Safety |  |  |  |  |  |  |
| Crane / Rigging Safety |  |  |  |  |  |  |
| Rescue / Retrieval |  |  |  |  |  |  |
| Lifting Techniques (Manual / Mechanical) |  |  |  |  |  |  |
| Fall Protection (From Heights) |  |  |  |  |  |  |
| Trenching / Shoring / Excavation |  |  |  |  |  |  |
| Demolition |  |  |  |  |  |  |
| Welding/Cutting |  |  |  |  |  |  |
| Machine Guarding |  |  |  |  |  |  |
| Roofing |  |  |  |  |  |  |
| Scaffolding |  |  |  |  |  |  |
| Other (please list): | | | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST AID** | YES | **NO** | **N/A or #** |
| How many trained First Aid Responders will be available at the job site? |  |  |  |
| Are up-to-date First Aid Certificates readily available? |  |  |  |
| How many First Aid kits will be available at the job site? |  |  |  |
| Do you maintain First Aid treatment records (not reportable to WSIB)? |  |  |  |
| Do you inspect and record the First Aid kits every three months? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORK PERMITS** | YES | **NO** | **N/A** |
| Do you use written work permits for the following jobs, if applicable? List all other work permits not noted. |  |  |  |
| * Hot work |  |  |  |
| * Confined Space Entry |  |  |  |
| * Lockout/Tag-out |  |  |  |
| * Other (please list): |  |  |  |

# **SECTON B: WSIB & INSURANCE LIABILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** | **ON FILE** |
| Proof of WSIB Clearance Certificate |  |  |  |  |
| Proof of Liability Insurance Coverage |  |  |  |  |
| Proof of Automobile Liability Coverage:  Owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not Owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Other Insurances as required: |  |  |  |  |

# **SECTION C: INCIDENT STATISTICS AND REPORTING**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACCIDENT STATISTICS AND REPORTING** | **YES** | **NO** | **N/A or #** |
| Do you maintain files on accident reports? |  |  |  |
| Do you file a Form 7 with the WSIB for accidents requiring medical attention? |  |  |  |
| Has your company sustained any critical injuries over the last five years? If so, how many? |  |  |  |
| Did you report these critical injuries to the Ministry of Labour? |  |  |  |
| Has your company sustained a fatality? If so, how many? |  |  |  |

# **SECTION D: PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| Hard Hats and/or Other Head Protection |  |  |  |
| Eye/Face Protection |  |  |  |
| Hearing Protection |  |  |  |
| Safety Boots |  |  |  |
| Gloves |  |  |  |
| Safety Harnesses (Full Body) |  |  |  |
| Personal Floatation Devices / Life Jackets |  |  |  |
| High Visibility Protective Vest |  |  |  |
| Respiratory Protection (please specify type): |  |  |  |
| Protective Clothing (gowns, masks, TYVEX suits) |  |  |  |
| Other (please list): |  |  |  |

# **SECTION E: HAZARDOUS/DESIGNATED SUBSTANCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** | **COPIES** |
| Please **enclose** a copy of all Safety Data Sheets for chemical products to be used on site |  |  |  | Requested □  Received □ |
| Please **enclose** a list of all designated substances to be used on site (as defined by the OHSA) |  |  |  | Requested □  Received □ |
| Are all products appropriately labelled? |  |  |  |  |
| If you use or work with designated substances, do you have a written control program? |  |  |  |  |
| Are your chemicals stored in adequate storage containers for use on the job site? |  |  |  |  |

# **SECTION F: LICENSING AND CERTIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | **NO** | **N/A** |
| Do you require specialized certification to perform your work? Please attach a copy of all applicable certificates. List all other certificates not noted. |  |  |  |
| * Trades Qualification |  |  |  |
| * Extermination License |  |  |  |
| * Transportation of Dangerous Goods |  |  |  |
| * Electrical |  |  |  |
| * Welding |  |  |  |
| * Asbestos Work |  |  |  |
| * Designated Substances |  |  |  |
| * Respiratory Equipment Maintenance |  |  |  |
| * Plumbing |  |  |  |
| * Mechanical |  |  |  |
| * Forklift/elevated platform |  |  |  |
| * Professional License |  |  |  |
| * Chainsaw certification |  |  |  |
| * Airbrake “Z” endorsement |  |  |  |
| * Specific Classes of Driver’s License (e.g. AZ, DZ, F, G)- Please specify: |  |  |  |
| Other (please list): | | | |

Has the Vendor received a copy of all applicable County (Corporate and Departmental) policies, procedures, and safety requirements?

**Yes □ No □**

The work site is to be kept free of all garbage and debris. Are written procedures for maintaining clean work and access areas attached?

**Yes □ No □**

Identify all subcontractors that will be used to complete work on this award:

|  |  |
| --- | --- |
| **Company Name** | **Company Representative and Phone Number** |
|  |  |
|  |  |
|  |  |
|  |  |

The undersigned hereby acknowledges and represents that the information set out in this *Vendor Checklist* form is accurate as of the date of signing.

Dated at this day of , 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Representative, Title