

Contractor Health and Safety Questionnaire

Contractor Name: _____

Contractor OHS Contact: _____

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 Proof of Automobile Insurance Coverage			
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. Please enclose a copy of your certificate applicable to the employees who will be performing the work or services.

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 Substances (Please list): <i>*Note this information must be forwarded to Town Project Supervisor.</i>						
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						

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
Crane / Rigging Safety						
Rescue / Retrieval						
Lifting Techniques (Manual/Mechanical)						
Welding or Cutting						
Demolition						
Fall Protection						
Elevated Work Platforms						
Scaffolding						
Roofing						
Personal Protective Equipment						
OTHER:						

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			
High Visibility Apparel (Traffic Vests)			
Respiratory Protection (specify type(s)):			
Protective Clothing (gowns, respirators, 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 safety data sheets (SDS'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?			