



Title:	Contractor Health & Safety Program Summary Checklist		
Document #:	CO-GEN-OHS-FRM-010-001	Revision Number:	2

➤ This form is to be completed by the contractor prior to completing work for the Town of Grimsby. The form will be reviewed with the contractor as part of the pre-commencement activities (e.g. during a pre-construction meeting, etc.). The Town of Grimsby reserves the right to request applicable documentation or records from the contractor, at the Town's discretion, to support information provided in this form.

1.0 Contractor's Information

Contractor / Company Name:			
Name of Representative:			
Representative's Job Title:			
Number of Employees (Full-Time):		Number of Employees (Part-Time):	

2.0 Contractor's OHS Program Information

➤ For each topic applicable to the work being performed/services being provided, indicate if your company has written documents (policies, procedures or guidelines) in place and if training is provided to your employees and at what frequency this training is refreshed.

↙ Applicable to Work Performed/Services Provided Health and Safety Program Topics	Written Document		Training Provided		
	Yes	No	Yes	No	Frequency
General					
<input type="checkbox"/> OHS Policy Statement and Program ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Health & Safety Awareness - Workers/Supervisors ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Workplace Violence & Harassment ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Chemicals / Materials					
<input type="checkbox"/> Workplace Hazardous Materials Information System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Transportation of Dangerous Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Designated Substances:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ➤ Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ➤ Other (List):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ➤ Other (List):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> ➤ Other (List):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergencies					
<input type="checkbox"/> First Aid, CPR, AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Fire Prevention / Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Emergency Response Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ This is a legislated requirement for employers with more than 5 full-time and part-time employees.

² This is a legislated training requirement.



Applicable to Work Performed/Services Provided

Health and Safety Program Topics	Written Document		Training Provided		
	Yes	No	Yes	No	Frequency
Workplace Hazards					
<input type="checkbox"/> Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Traffic Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Excavations, Trenching, Shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electrical Safety, Energy Lockout / Tag-out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ergonomics / Manual Material Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Vehicle Safety (Backing, Loading, Rigging, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Equipment Safety (Heavy Equipment, Power Tools, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Slips, Trips, Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection					
<input type="checkbox"/> Working at Heights ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ladder Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous / Other					
<input type="checkbox"/> Other (List):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (List):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (List):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other (List):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3.0 Personal Protective Equipment

➤ Indicate what types of personal protective equipment will be provided for the work being performed/services being provided.

<input type="checkbox"/> Head Protection (Hard Hats).	<input type="checkbox"/> Foot Protection (Safety Shoes / Boots)
<input type="checkbox"/> Eye / Face Protection (Glasses, Goggles, Shields)	<input type="checkbox"/> Fall Protection (Harnesses, Lanyards)
<input type="checkbox"/> Hearing Protection (Earplugs, Earmuffs)	<input type="checkbox"/> Water Safety (Personal Floatation Devices)
<input type="checkbox"/> Respiratory Protection (Air-Purifying, Supplied-Air)	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Protective Clothing (High-visibility, Coveralls)	<input type="checkbox"/> Other (List):
<input type="checkbox"/> Hand Protection (Gloves)	<input type="checkbox"/> Other (List):

4.0 Certificates / Licensing

➤ Indicate any specific certification or licenses which are required for the work being performed/services being provided.

<input type="checkbox"/> Certificate / License (List):
<input type="checkbox"/> Certificate / License (List):

³ This is a legislated training requirement (construction projects).



5.0 Accessibility Compliance

➤ Where applicable to the work being performed/services being provided, indicate if your company has provided accessibility training to your employees.

Applicable to Work Performed/Services Provided Accessibility Training Topics	Training Provided	
	Yes	No
General <input type="checkbox"/> AODA Customer Service Standard Training ⁴	<input type="checkbox"/>	<input type="checkbox"/>

6.0 Sub-contract Work

➤ Indicate if any work is to be sub-contracted and provide details.

Are any works to be sub-contracted?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	Sub-contracted Work (List):
<input type="checkbox"/>	Sub-contracted Work (List):
<input type="checkbox"/>	Sub-contracted Work (List):
<input type="checkbox"/>	Sub-contracted Work (List):
<input type="checkbox"/>	Sub-contracted Work (List):
<input type="checkbox"/>	Sub-contracted Work (List):
<input type="checkbox"/>	Sub-contracted Work (List):

7.0 Acknowledgement

➤ Sign below to acknowledge the information provided in this form is accurate as of the date of signing.

_____ Signature	_____ Date
_____ Name	
_____ Title	

⁴ Any employees who will interact with the public on behalf of the Town of Grimsby must receive training in accordance with O.Reg.419/07, Accessibility Standards for Customer Service.



Title:	Contractor Safety - Pre-Commencement Checklist		
Document #:	CO-GEN-OHS-FRM-010-002	Revision Number:	1

➤ This form is to be reviewed as part of a health and safety pre-commencement meeting between the Town of Grimsby and the contractor prior to completing work for the Town.

Subject / Topic	Reviewed		Comments
	Yes	N/A	
1. Contractor Health & Safety Program Summary Form ➤ Review Contractor Health & Safety Program Summary Checklist form completed by contractor.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Town of Grimsby Occupational Health and Safety Program ➤ Provide and review Grimsby's procedures and/or training programs if required to supplement the contractor's health and safety program.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Contractor's Health and Safety Documents and Insurance ➤ WSIB Clearance Certificate to be provided by contractor and reviewed. ➤ MOL Notice of Project to be provided by contractor and reviewed. ➤ Traffic Control Plan(s) to be provided by contractor and reviewed. ➤ General Liability Insurance to be provided by the contractor and reviewed.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Contractor Safety Infractions ➤ Review Contractor Notice of Safety Infraction form. ➤ Review Contractor Safety Infractions - Follow-Up Guidelines document.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
5. Worksite Requirements (Contractor) - Contractor will: ➤ Maintain Safety Data Sheets for any hazardous products brought on site. ➤ Remove hazardous products from the worksite upon completion of the work. ➤ Follow the requirements of the Town's Asbestos Management Program document. ➤ Complete the asbestos Contractor Notification and Acknowledgement form. ➤ Keep the worksite and work area clean and free of slip, trip and fall hazards, where practicable. ➤ Provide warning signs / barricades when hazards to employees or the public are present. ➤ Follow fire safety precautions as documented in the Hot Work Permit - General form. ➤ Not use and/or operate any Town of Grimsby tools or equipment.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



Subject / Topic	Reviewed		Comments
	Yes	N/A	
6. Worksite Requirements (Town of Grimsby) - Town of Grimsby: ➤ Will provide copies of asbestos assessments or designated substances surveys to Contractor. ➤ Worksite representatives may review worksite and bring issues to Contractor's attention. ➤ Worksite representatives or JHSC members may investigate serious incidents involving Contractor.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7. Other Health and Safety Requirements - Any other specific health and safety requirements identified by the Town or the Contractor: ➤ Other (Describe): ➤ Other (Describe): ➤ Other (Describe): ➤ Other (Describe):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

➤ Acknowledgements:

Town of Grimsby

_____ Name and Title

_____ Signature

_____ Date

Contract Administrator

_____ Name and Title

_____ Signature

_____ Date

Contractor

_____ Name and Title

_____ Signature

_____ Date

➤ A copy of this completed/signed form will be included in the contractor documents for the works and/or will be provided to each of the parties involved.