



<b>Title:</b>	<b>Contractor Health &amp; Safety Program Summary Checklist</b>		
<b>Document #:</b>	<b>CO-GEN-OHS-FRM-010-001</b>	<b>Revision Number:</b>	<b>3</b>

- 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:			
RFQ/RFT/RFP or Project #:			
Description of work/project:			
Number of Employees (Full-Time):		Number of Employees (Part-Time):	

## 2.0 WSIB & Insurance Liability Certificate

Insurance Certificates		Provided	
		Yes	No
<input type="checkbox"/>	<b>General</b> Proof of WSIB Clearance Certificate <i>If contract job lasts more than 2 months, you will be required to provide WSIB clearance every 2 months (90 days).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Proof of Liability Insurance Coverage (min \$5,000,000) Proof of Automobile Insurance Coverage (min \$5,000,000)	<input type="checkbox"/>	<input type="checkbox"/>

## 3.0 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		Written Document		Training Provided		
Health and Safety Program Topics		Yes	No	Yes	No	Frequency
<input type="checkbox"/>	<b>General</b> OHS Policy Statement and Program <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Health & Safety Awareness - Workers/Supervisors <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

<sup>2</sup> This is a legislated training requirement.



 <i>Applicable to Work Performed/Services Provided</i>		<b>Written Document</b>		<b>Training Provided</b>		
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Frequency</b>
<input type="checkbox"/>	<b>Health and Safety Program Topics</b>					
<input type="checkbox"/>	Workplace Violence & Harassment <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hazardous Chemicals / Materials</b>						
<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"/>	
<b>Emergencies</b>						
<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"/>	
<b>Workplace Hazards</b>						
<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"/>	
<b>Fall Protection</b>						
<input type="checkbox"/>	Working at Heights <sup>3</sup>	<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"/>	
<b>Miscellaneous / Other</b>						
<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"/>	

<sup>3</sup> This is a legislated training requirement (construction projects).



#### 4.0 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):

#### 5.0 Certificates / Licensing

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

<input type="checkbox"/>	Trades Qualification (Trades Qualification Act of Ontario)
<input type="checkbox"/>	Extermination License
<input type="checkbox"/>	Hazardous Waste & Designated Substances (i.e. Asbestos)
<input type="checkbox"/>	Professional license
<input type="checkbox"/>	Welding
<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Plumber
<input type="checkbox"/>	Forklift & Other Lift Devices
<input type="checkbox"/>	Chainsaw
<input type="checkbox"/>	Air Brake "Z" Endorsement
<input type="checkbox"/>	A specific Class of Drivers License (such as AZ, DZ, F, G, etc.)
<input type="checkbox"/>	Other (list):

#### 6.0 Accessibility Compliance

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

<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> </div> <div> <b>Applicable to Work Performed/Services Provided</b> </div> </div>	<b>Accessibility Training Topics</b>		<b>Training Provided</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>General</b>				
<input type="checkbox"/>	AODA Customer Service Standard Training <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	

<sup>4</sup> 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.



## 7.0 Sub-contract Work

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

	Yes	No
Are any works to be sub-contracted?	<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):

## 8.0 Acknowledgement

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

_____	_____
Signature	Date
_____	
Name	
_____	
Title	