

Contractor Selection and Safety Checklist

Contract: _____

Name of Contractor: _____

Address: _____

Phone: _____ Fax: _____

WorkSafeBC Employer ID: _____

WorkSafeBC current standing (attach clearance letter): _____

WorkSafeBC assessment rate (industry average or lower): _____

Description of written WorkSafeBC orders in past 24 months: _____

References: _____

Previous work history: _____

Using the previous year's experience, complete the following:

Number of first aid cases: _____ Number of recordable incidents: _____

Number of lost time cases: _____ Number of lost days: _____

Severity Rate ($\frac{\# \text{ of days lost} \times 200,000}{\text{Total hours worked}}$): _____

Exposure Hours

Medical Incident Rate (MIR= $\frac{\# \text{ of recordable incidents} \times 200,000}{\text{Total hours worked}}$): _____

Exposure Hours

Number of fatalities in the last five years: _____

How often are safety meetings held with employees: _____

Are worksite inspections held: _____ if yes, How often: _____

Attach a copy of written health and safety program. Included within the program should be a list of key personnel and supervisors (including qualifications).

Other procedures you need to be aware of if you are awarded this contract include:

- periodic audits by the company.
- contractors and any subcontractors must review the incident investigation & reporting requirements, policies and procedures with all their employees at least annually.
- All contractors and sub-contractors must be certified with the BC Forest Safety Council.
- contractors must comply with all applicable government regulations and legislation.
- contractors must have a process for investigating incidents.
- contractors must provide training to all their employees on the hazards associated with the job they are being directed to do.
- contractor safety performance will be monitored for continual improvement.

Contractor Signature: _____

Date: _____

Contractor Safety Checklist

To be completed at the commencement of activities at the start of the year and then on a quarterly basis thereafter.

Contractor: _____ Contractor Contact: _____

Location: _____ Date: _____

Item	Yes	No	Comments
<p><i>Will a qualified supervisor who meets the criteria below be on site at all times?</i></p> <p><i>Qualified Supervision</i> means a person who instructs, directs and controls workers in the performance of their duties and who is knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
How is your organization identifying and communicating hazards in the workplace? documentation required	<input type="checkbox"/>	<input type="checkbox"/>	
What does your organization pre-work planning process look like and what does your ongoing block hazard assessment process look like? documentation required	<input type="checkbox"/>	<input type="checkbox"/>	
When do you intend to start operations in the following blocks?	<input type="checkbox"/>	<input type="checkbox"/>	
What does your pre-work meeting look like, does it include all subs – are potential hazards identified prior to activities occurring?	<input type="checkbox"/>	<input type="checkbox"/>	
What does the firm's orientation process look like for new workers/ contractors / subcontractors including service providers arriving at the worksite?	<input type="checkbox"/>	<input type="checkbox"/>	
Defined Area Safety Orientation reviewed with all contractors / subcontractors at the Defined Workplace prior to commencing work activities.	<input type="checkbox"/>	<input type="checkbox"/>	
Do all contractors / subcontractors, in the workplace provide a list of their designated supervisors? documentation	<input type="checkbox"/>	<input type="checkbox"/>	
How does the operation coordinate the activities of all permitted persons including contractors / subcontractors at the workplace to ensure the Health and Safety of all workers is maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
What are your procedures in the workplace to ensure safe access? documentation	<input type="checkbox"/>	<input type="checkbox"/>	

Item	Yes	No	Comments
What is the process for assessing the workplace first aid needs? documentation	<input type="checkbox"/>	<input type="checkbox"/>	
How are you conducting regular inspections of the Workplace, work methods & practices, including worker inspections?	<input type="checkbox"/>	<input type="checkbox"/>	
OHS site safety plan is in place and available to all persons. contractors and subcontractors at the worksite.	<input type="checkbox"/>	<input type="checkbox"/>	
What is your safety meeting process? Are all persons / contractors / subcontractors at the workplace included in the your OHS program and safety meetings?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all safety incidents reported and investigated?	<input type="checkbox"/>	<input type="checkbox"/>	
What does your hazard reporting and follow up process look like?	<input type="checkbox"/>	<input type="checkbox"/>	
What does your ERP look like and how was it communicated when it was last tested?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have safe work procedures for all activities being carried out?	<input type="checkbox"/>	<input type="checkbox"/>	

Signed off on behalf of Company: _____

Signed off by the Contractor: _____

Dated: _____