

Prime Contractor Site Inspection Checklist

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

Initial Quarterly End of Project Other _____

Prime Contractor: _____ **Prime Contractor Contact:** _____

Location: _____ **Date:** _____

Reference	Item	Yes	No	Comments
R 26.1.1	Company has ensured that the contractor is qualified to be a Prime Contractor. Company has ensured that the prime Contractor is SAFE certified.	<input type="checkbox"/>	<input type="checkbox"/>	
A 118(1) (a), (b)	A written agreement is in place designating the Prime Contractor for the Defined Workplace.	<input type="checkbox"/>	<input type="checkbox"/>	
R 26.1.2	Activities that will create a hazard for another person in the Defined Workplace have been communicated to all workers that could be affected by that activity.	<input type="checkbox"/>	<input type="checkbox"/>	
R 26.2	Activities or circumstances that could potentially cause a significant risk or injury to a person at the Defined Workplace have been identified prior to work commencing at the site.	<input type="checkbox"/>	<input type="checkbox"/>	
R 26.4 (4)(b)	Notice of project with Prime Contractor identified has been sent to WorkSafeBC prior to activities occurring.	<input type="checkbox"/>	<input type="checkbox"/>	
R 26.5 (2)	Initial safety meeting held with all persons (including sub-contractors) at the Defined Workplace to review potential hazards prior to activities occurring.	<input type="checkbox"/>	<input type="checkbox"/>	
R 26.5 (3)	All new persons / contractors / sub-contractors arriving at the worksite receive a safety orientation prior to commencing work activities.	<input type="checkbox"/>	<input type="checkbox"/>	
A 118(3)	All employers, contractors / subcontractors, at the Defined Workplace have provided the Prime Contractor with a list of their designated supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	

Reference	Item	Yes	No	Comments
A 118(2)(b)	Activities of all persons including contractors / sub-contractors at the Defined Workplace are coordinated to ensure the Health and Safety of all workers is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	
R 4.32	Safe access to the Defined Work Area is secured.	<input type="checkbox"/>	<input type="checkbox"/>	
R 3.16 / 3.20	Activities at the Define Workplace have been assessed to ensure there are adequate first aid equipment, supplies, first aid attendants and transportation available.	<input type="checkbox"/>	<input type="checkbox"/>	
R 3.5	Documented regular inspections of the Defined Workplace, and work methods & practices, including worker inspections / audits are occurring.	<input type="checkbox"/>	<input type="checkbox"/>	
A 115(c) A 118(2)(b)	OHS site safety plan is in place and available to all persons / contractors and subcontractors at the worksite.	<input type="checkbox"/>	<input type="checkbox"/>	
A 118(2) R 26.5	All persons / contractors / subcontractors at the Defined Workplace are included in the Prime Contractors OHS program and safety meetings.	<input type="checkbox"/>	<input type="checkbox"/>	
A 172 - 177	Safety incidents are reported and investigated.	<input type="checkbox"/>	<input type="checkbox"/>	
A115(2)(a)(b), A 116(2) R 3.9 – 3.10	Unsafe conditions / hazards are reported and remedied without delay.	<input type="checkbox"/>	<input type="checkbox"/>	
R 4.13 – 4.18	All persons / contractors / subcontractors at the Defined Workplace must be aware of the emergency procedures, and contacts.	<input type="checkbox"/>	<input type="checkbox"/>	
R 4.21	Working alone and man checks are documented	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Log – complete for deficiencies found during inspection

#	Identified Problem	Required Corrective Action	Person Responsible	By When	Date Completed

Company Representative **Signature** **Date**

Prime Contractor Representative **Signature** **Date**