

Prime Contractor Orientation Form

Prime Contractor representative and (Licensee) representative complete this form prior to starting work and annually.

Prime Contractor Name: _____ **Date:** _____

List hazards associated with the job to be done:

Hazard	Ways to Offset

Safety Program	Yes	No	N/A	Comments
Does the Prime Contractor have a safety program? (if no, contractor employees must adhere to Licensee's safety program and policies – if yes, answer the remaining questions). If the Prime Contractor SAFE certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Contractor Safety Program include the following: Statement of Contractor's safety policy and individual responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety meeting requirements (including documenting them).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incident Investigation process (including near misses).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection and auditing procedures (including housekeeping).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Transportation compliance procedures (i.e. copies of driver's licenses, truck log books).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee training process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Safety Program	Yes	No	N/A	Comments
Specific work rules and/or processes (i.e. SWP's, SOP's, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WHMIS training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Prevention and Suppression procedures, Emergency procedures (i.e. first aid reporting, blood-borne pathogens, first aid assessments prior to starting in new areas).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lockout/Tagout procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Conservation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Space Entry procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notification Procedures for Serious/Fatal injuries (e.g. Worker's, WSBC, RCMP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action Procedures (e.g. progressive discipline process).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documented Risk Assessment Process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Contractor representative has reviewed and understands the following:

<input type="checkbox"/> (Licensee) Prime Contractor Policy
<input type="checkbox"/> (Licensee) Training Package (including training records form)
<input type="checkbox"/> (Licensee) Contractor Monthly Report
<input type="checkbox"/> (Licensee) Contractor Monthly Audit (applicable sections)
<input type="checkbox"/> (Licensee) Contractor Annual Audit (applicable sections)

The following information has been communicated with Contractor representative:

<input type="checkbox"/>	Safety is a condition of employment for (Licensee) employees and Contractor employees.
<input type="checkbox"/>	Safety deficiencies must be corrected in a timely manner and documented.
<input type="checkbox"/>	Serious Contractor incident investigations shall be attended by (Licensee) representative.
<input type="checkbox"/>	Pre-work meetings between Contractor and (Licensee) representative will take place on every setting or major project.
<input type="checkbox"/>	(Licensee) Accident Prevention Committee meetings are open to Contractor representatives.
<input type="checkbox"/>	(Licensee) Accident Prevention Committee minutes will be sent to Contractor upon request.
<input type="checkbox"/>	(Licensee) Policies, Safe Work Procedures are available upon request.
<i>Contractor will provide (Licensee) Company with the following information:</i>	
<input type="checkbox"/>	<ul style="list-style-type: none">All incidents/accidents investigations.
<input type="checkbox"/>	<ul style="list-style-type: none">Regulatory citations/inspections/audits.
<input type="checkbox"/>	<ul style="list-style-type: none">Monthly employee exposure hours.
<input type="checkbox"/>	Where project work is involved which will last more than 5 days, Contractors are required to file a Notice of Project with WSBC and XYZ.
<input type="checkbox"/>	Contractors must ensure their employees, as well as any sub-contractors hired by them, are aware of their health and safety responsibilities, safe work procedures and any hazards associated with the job they are hired to do. Training records of Contractor and sub-contractor employees must be made available upon request.

Date: _____

Prime Contractor Representative Name: _____

Prime Contractor Representative Signature: _____

(Licensee) Representative Name: _____

(Licensee) Representative Signature: _____