Annex A: Contractor Health and Safety Program Assessment

CONTRACTOR HEALTH AND SAFETY PROGRAM ASSESSMENT



PROGRAM ASSESSMENT				
Contractor Company Name:				
Bid Number:			Bid / Project Name:	
	Applicable to this Project	Project. Accordingly, the Contractor is required to confirm that it has in place, and attach to this form as proof, each item listed below (that has been identified as "Applicable to this Project"). (che		Contractor Confirmation (check or mark box)
1		Health and Safety Policy Statement		
	√	_	as a health and safety policy that is signed and dated by senior management and sets or Occupational Health and Safety Management System (attached).	
2		Workplace Health and Safety Inspections		
	√	Our organization has a workplace and pre-use inspection process for workplace inspections that includes a requirement to conduct and keep records for workplace inspections including identifying and preventing potential non-conformities and corrective actions (attached).		
3		Accident Reporting and Investigation		
	V	cause(s) of an incid	as an accident reporting investigation process to gather information to determine the dent and such process identifies a method for corrective and preventative actions and made to prevent similar incidents (attached).	
4	√	Information on the following health and safety procedures Our organization has in place written procedure(s) that includes Supervisor health and safety		
	¥	responsibilities, Worker health and safety responsibilities and WHMIS 2015 requirements (attached).		
5		Procedures relating to the following health and safety training		
	√	requirements and requirements for So	has in place written training procedures for standard first aid (Regulation 1101) mandatory Ministry of Labour, Immigration, Training and Skills Development upervisor and Worker health and safety awareness (attached).	
6		Workplace Hazard Specific Activities. Our organization has in place the applicable health and safety programs (such as training certificates, standard operating procedures, etc.) for the hazard(s) identified below (attached) .		
		Working at Heights		
		Confined Space Ent	try	
		Work on Energized	Systems	
		Traffic Protection		
		Other:		
Date:			Signature: I have authority to bind the corporation.	
			Name (printed):	
			Title/Position:	