**CONTRACTOR SAFETY QUALIFICATION**

Oshawa Power and Utilities Corporation (OPUC) wishes to emphasize to all subcontractors the importance of maintaining Health & Safety work practices while working in conjunction with us. All work is to conform to the Occupational regulations. In order to achieve this goal, all contractors must complete the Contractor Safety Qualification in its entirety. Contractors will be evaluated on the information requested in this questionnaire and supporting safety documents submitted.

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| Contractor Firm Legal Name:       |
| Address:       |
| Phone No: (     )       | Fax No: (     )       |
| Type of Work:       | Nature of Business:       |
| Corporate Officer Responsible for Safety:       |
| Number of Employees:       |

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| **1) SAFETY PROGRAM** | **YES** | **NO** | **N/A** |
| Does your company have a written safety manual?(If yes, attach a copy containing the following if applicable) | **[ ]**  | **[ ]**  | **[ ]**  |
| a) Health & Safety Policy Statement | [ ]  | [ ]  |  |
| b) Violence & Harassment Policy | [ ]  | [ ]  |  |
| c) WHMIS Policy / Program | [ ]  | [ ]  |  |
| d) Fit For Duty Policy | [ ]  | [ ]  | [ ]  |
| e) Safety Rules / Enforcement Procedures | [ ]  | [ ]  | [ ]  |
| f) Fall Protection Policy / Program | [ ]  | [ ]  | [ ]  |
| g) Management, Supervisor & Worker Responsibilities | [ ]  | [ ]  | [ ]  |
| h) Injury Treatment Procedures – Medical Aid / First Aid | [ ]  | [ ]  | [ ]  |
| i) Personal Protective Equipment Program | [ ]  | [ ]  | [ ]  |
| j) Employee Training and Orientation Policy / Program | [ ]  | [ ]  | [ ]  |
| k) Trenching / Excavation Procedures | [ ]  | [ ]  | [ ]  |
| l) Lockout / Tagout | [ ]  | [ ]  | [ ]  |
| m) Confined Space Entry Procedures | [ ]  | [ ]  | [ ]  |
| n) Welding / Burning Permit Procedures (hot work) | [ ]  | [ ]  | [ ]  |
| o) Arc Flash Procedures  | [ ]  | [ ]  | [ ]  |
| p) Incident Reporting and Investigation Procedures | [ ]  | [ ]  | [ ]  |
| q) Hazard Assessment  | [ ]  | [ ]  | [ ]  |
| r) Daily Tailboard / Safety Meetings | [ ]  | [ ]  | [ ]  |

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| **2) SAFETY PROFESSIONALS & REPRESENTATIVES** |
| Highest ranking safety professional in your organization:  | **Name:****Title:** |
| Number of full or part time safety professionals employed by your company? |  | **Titles:** |
| Number of WSIB certified members employed by your company? |  |

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| **3) SAFETY ASSOCIATION MEMBER** | **YES** | **NO** |
| Are you a member of a recognized Safety Association? | [ ]  | [ ]  |
| Electrical Contractors Association of Ontario (ECAO)?  | [ ]  | [ ]  |
| Infrastructure Health and Safety Association (IHSA)?  | [ ]  | [ ]  |
| Workplace Safety North (WSN)?  | [ ]  | [ ]  |
| Workplace Safety and Prevention Services (WSPS)?  | [ ]  | [ ]  |
| WSIB Safety Groups? | [ ]  | [ ]  |
| Other? Please State: |

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| **4) SAFETY PERFORMANCE RECORD** |
| a) Number of Lost Time Injuries in the last (4) years: |  |
| b) Number of lost workdays, due to workplace injury or accident, in the past four (4) years: |  |
| c) Number of reported workplace injuries and accidents in past four (4) years: |  |
| d) Number of stop work orders issued by the MOL in the past four (4) years:  (If yes, provide a brief explanation including resolution for compliance.) | **Attach details if applicable.** |
| e) Number of charges under the Occupational Health & Safety Act or Regulations in the past four (4) years: (If yes, provide a brief explanation including current status and resolution.) | **Attach details if applicable.** |

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| **5) SAFETY MEETING**  | **YES** | **NO** | **FREQUENCY** |
| Do you have a JHSC Committee? | **[ ]**  | **[ ]**  | **N/A** |
| Do you hold regular Joint Health & Safety Committee Meetings? What is the meeting frequency? | [ ]  | [ ]  |  |
| Do you conduct daily tailboard / safety talk / meetings? | [ ]  | [ ]  | **N/A** |
| Do you conduct weekly safety talks / meetings? | [ ]  | [ ]  | **N/A** |
| Do you conduct monthly safety talks / meetings? | [ ]  | [ ]  | **N/A** |
| Do you conduct quarterly safety talks / meetings? | [ ]  | [ ]  | **N/A** |

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| **6) JOB SITE SAFETY INSPECTIONS**  | **YES** | **NO** | **FREQUENCY** |
| Do you conduct job site safety inspections? | **[ ]**  | **[ ]**  |  |
| Who conducts these inspections? | **Name(s):****Title(s):** |

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| **7) REPORTING REQUIREMENTS** |  |
| Who conducts accident investigations? | **Name(s):****Title(s):** |
| Who reviews accident and investigation reports as well as corrective actions? | **Name(s):****Title(s):** |
| Who is accountable for safety on the job site? | **Name(s):****Title(s):** |

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| **8) TRAINING RECORDS** |
| Contractor to attach training records for employees who are expected to perform work on this contract, in accordance with the below-listed Work Activity Chart entitled “**Appendix B**”. This list is not to be taken as an all-inclusive of training required. The Contractor is responsible to ensure all labour is properly trained for the work being undertaken and considering the local site environment. Contractor shall provide any additional training records required for this work not listed in “**Appendix B**”.  | **Attached? Yes [ ]  No [ ]**  |
| **9) SAFETY DOCUMENT CHECKLIST** |
| Signed and Dated Company Safety Policy | **Attached? Yes [ ]  No [ ]**  |
| Copy of Written Safety Manual / Documents | **Attached? Yes [ ]  No [ ]**  |
| Proof of Insurance (As per “**Appendix A**”) | **Attached? Yes [ ]  No [ ]**  |
| WSIB Clearance Certificate | **Attached? Yes [ ]  No [ ]**  |
| WSIB Injury Summary Report  | **Attached? Yes [ ]  No [ ]**  |
| Violence and Harassment Policy | **Attached? Yes [ ]  No [ ]**  |
| WHMIS Policy/ Program | **Attached? Yes [ ]  No [ ]**  |
| **10) ADDITIONAL INFORMATION / SIGNATURE** |
| Please feel free to attach any other programs, activities or information that you believe demonstrates or promotes your Company in performing work safely and in accordance with all Provincial Health & Safety requirements. | **Attached? Yes [ ]  No [ ]**  |
| **Signature of Contractor Representative:** |  |
| **Print Name:** |  |
| **Title:** | **Date:** |
| **Please return this form, along with the required supporting documentation,****(via fax / courier / email) to the following:****ATTENTION: Matthew Shaw, Health & Safety Coordinator, Health and Safety**Oshawa Power and Utilities Corporation100 Simcoe Street SouthOshawa, ONL1H 7M7Email: mshaw@opuc.on.ca |

**Appendix A - INSURANCE REQUIREMENTS**

Proof of insurance with a dollar value of 5M. The name listed will be either Oshawa PUC Networks Inc. or Oshawa PUC Services Inc. depend on which company you are working with.