

1.0 Contractor's Information

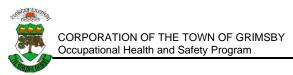
Title:	Contractor Health & Safety Program Summary Checklist			
Document #:	CO-GEN-OHS-FRM-010-001	Revision Number:	2	

> This form is to be completed by the contractor prior to completing work for the Town of Grimsby. The form will be reviewed with the contractor as part of the pre-commencement activities (e.g. during a pre-construction meeting, etc.). The Town of Grimsby reserves the right to request applicable documentation or records from the contractor, at the Town's discretion, to support information provided in this form.

Contractor / Company Name:				
Name of Representative:				
Representative's Job Title:				
Number of Employees (Full-Time): Number	of Employees (Pa	rt-Time):		
		,		
2.0 Contractor's OHS Program Information				
For each topic applicable to the work being performed/service written documents (policies, procedures or guidelines) in place at what frequency this training is refreshed.				
Applicable to Work Performed/Services Provided	Written Document		Fraining Provided	
Health and Safety Program Topics	Yes No		o Frequency	
General				
OHS Policy Statement and Program ¹				
Health & Safety Awareness - Workers/Supervisors ²]	
☐ Workplace Violence & Harassment²				
Hazardous Chemicals / Materials				
☐ Workplace Hazardous Materials Information System			□	
Transportation of Dangerous Goods				
Designated Substances:				
☐ ➤ Asbestos				
☐ ➤ Other (List):				
☐ ➤ Other (List):				
☐ ➤ Other (List):				
Emergencies		<u> </u>		
First Aid, CPR, AED				
Fire Prevention / Protection				
☐ Emergency Response Procedures				
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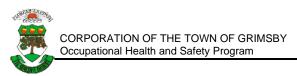
¹ This is a legislated requirement for employers with more than 5 full-time and part-time employees.

² This is a legislated training requirement.



г	Applicable to Work Performed/Services Provided			Written Document		Training Provided		
	Health and Safety Program Topics		Yes	No	Yes	No	Frequency	
	Workplace Hazards							
	Confined Spaces							
	Traffic Control							
	Excavations, Trenching, Shoring							
	Electrical Safety, Energy Lockout / Tag-out							
	Ergonomics / Manual Material Handling							
	Vehicle Safety (Backing, Loading, Rigging, etc.).							
	Equipment Safety (Heavy Equipment, Power Tools, etc.).							
	Slips, Trips, Falls							
	Respiratory Protection							
	Fall Protection							
	Working at Heights ³							
	Ladder Safety							
	Miscellaneous / Other	·			L	1		
	Other (List):							
	Other (List):							
	Other (List):							
	Other (List):							
0.0					,			
3.0	Personal Protective Equipment							
	Indicate what types of personal protective equipment will being provided.	be	provided	for the	work bei	ng perl	formed/services	
	Head Protection (Hard Hats).		Foot Prot	ection (Safety Sh	noes / E	Boots)	
	Eye / Face Protection (Glasses, Goggles, Shields)		Fall Prote	ection (F	larnesses	s, Lanya	ards)	
	Hearing Protection (Earplugs, Earmuffs)		Water Sa	fety (Pe	rsonal Fl	oatatio	n Devices)	
	Respiratory Protection (Air-Purifying, Supplied-Air)		Other (Lis	st):				
	Protective Clothing (High-visibility, Coveralls)		Other (Lis	st):				
	Hand Protection (Gloves)		Other (Lis	st):				
		1						
	Certificates / Licensing Indicate any specific certification or licenses which are reprovided.	quir	ed for the	work l	being per	formed	/services being	
	Certificate / License (List):							
Certificate / License (List):								
	Continuato / Elocitos (Eloy.							

 $^{^{\}rm 3}$ This is a legislated training requirement (construction projects).



5.0	Accessibility Compliance			
	Where applicable to the work being performed/services bein accessibility training to your employees.	g pro	ovided, i	indicate if your company has provided
Г	Applicable to Work Performed/Services Provided		Train Provid	
*	Accessibility Training Topics		Yes	No
	General			
Ш	AODA Customer Service Standard Training ⁴			
6.0	Sub-contract Work			
_	to the to the total and the to	·-		
	Indicate if any work is to be sub-contracted and provide detail	S.		
		Ye	s No	
Are	any works to be sub-contracted?			
			l e	
	Sub-contracted Work (List):			
	Sub-contracted Work (List):			
	Sub-contracted Work (List):			
	Sub-contracted Work (List):			
	Sub-contracted Work (List):			
	Sub-contracted Work (List):			
	Sub-contracted Work (List):			
7.0	A also according to the control of t			
7.0	Acknowledgement			
>	Sign below to acknowledge the information provided in this fo	rm is	accurat	te as of the date of signing.
	Signature			Date
	-			
	Name	-		
	Title			
	TIUG			

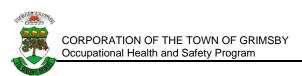
⁴ Any employees who will interact with the public on behalf of the Town of Grimsby must receive training in accordance with O.Reg.419/07, Accessibility Standards for Customer Service.



Title:	Contractor Safety - Pre-Commencement Checklist		
Document #:	CO-GEN-OHS-FRM-010-002	Revision Number:	1

This form is to be reviewed as part of a health and safety pre-commencement meeting between the Town of Grimsby and the contractor prior to completing work for the Town.

	Subject / Topic		ewed	Comments	
	Subject / Topic	Yes	N/A	Comments	
1.	Contractor Health & Safety Program Summary Form				
	➤ Review Contractor Health & Safety Program Summary Checklist form completed by contractor.				
2.	Town of Grimsby Occupational Health and Safety Program				
	Provide and review Grimsby's procedures and/or training programs if required to supplement the contractor's health and safety program.				
3.	Contractor's Health and Safety Documents and Insurance				
	WSIB Clearance Certificate to be provided by contractor and reviewed.				
	MOL Notice of Project to be provided by contractor and reviewed.				
	Traffic Control Plan(s) to be provided by contractor and reviewed.				
	➤ General Liability Insurance to be provided by the contractor and reviewed.				
4.	Contractor Safety Infractions				
	Review Contractor Notice of Safety Infraction form.				
	Review Contractor Safety Infractions - Follow-Up Guidelines document.				
5.	Worksite Requirements (Contractor)				
	- Contractor will:				
	Maintain Safety Data Sheets for any hazardous products brought on site.				
	> Remove hazardous products from the worksite upon completion of the work.				
	Follow the requirements of the Town's Asbestos Management Program document.				
	Complete the asbestos Contractor Notification and Acknowledgement form.				
	Keep the worksite and work area clean and free of slip, trip and fall hazards, where practicable.				
	 Provide warning signs / barricades when hazards to employees or the public are present. 				
	Follow fire safety precautions as documented in the <i>Hot Work Permit - General</i> form.				
	Not use and/or operate any Town of Grimsby tools or equipment.				



Subject / Topic			ewed	Comments	
		Yes	N/A	Comments	
6. Worksite Requirements (Town	of Grimsby)				
- Town of Grimsby:					
Will provide copies of asbes	stos assessments or designated substances surveys to Contractor.				
Worksite representatives m	ay review worksite and bring issues to Contractor's attention.				
Worksite representatives or	${\sf JHSC}\ members\ may\ investigate\ serious\ incidents\ involving\ Contractor.$				
7. Other Health and Safety Requi	rements				
- Any other specific health and s	afety requirements identified by the Town or the Contractor:				
Other (Describe):					
Other (Describe):					
Other (Describe):					
> Other (Describe):					
> Acknowledgements:					
Town of Grimsby	Name and Title	Sig	ınature	Date	
Contract Administrator	Name and Title	Siç	ınature	Date	
Contractor	Name and Title	Sig	ınature	Date	

> A copy of this completed/signed form will be included in the contractor documents for the works and/or will be provided to each of the parties involved.