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|------------------------------|----------------------------------|-------------------------------------|--------------------|
| Title: | Contractor Safety Program | | |
| Document #: | <i>CO-GEN-OHS-PRO-010-001</i> | Created by: | <i>B. Wartman</i> |
| Status of Document: | <i>Final</i> | Approved by: | <i>K. Vogl</i> |
| Issue/ Revision Date: | <i>June 2015</i> | Start of Next Review Period: | <i>As Required</i> |
| Revision #: | <i>3</i> | No. of Pages: | <i>11</i> |

1.0 PURPOSE

The Corporation of the Town of Grimsby will take all reasonable precautions to protect all employees including employees of contractors and self-employed contractors, as prescribed by legislation.

The Contractor Safety Program described in this procedure has been established to ensure contractors employed by the Town of Grimsby are responsible for taking all necessary steps to protect persons, including workers, visitors, and the general public, and property from any harm during the course of the contract.

2.0 SCOPE

The Contractor Safety program described in this procedure applies to all work and services contracted by the Town of Grimsby as classified into the following groups:

- **Service Contractors:** Includes services provided under contract such as maintenance contractors, custodial services, mechanical, electrical, heating, ventilation and air condition specialists and others as determined by each respective Department. These contractors are usually employed for set periods of time as determined by the terms and conditions of their respective agreements.
- **Ad Hoc Services:** Includes services provided on an ad hoc basis including plumbers, appliance repair, carpenters and others who are employed periodically for short term assignments.
- **Project Contractors:** Includes general contractors and construction companies considered to be a constructor on a construction projects such as building construction projects and watermain, sanitary sewer, storm sewer construction, rehabilitation or replacement projects.

3.0 DEFINITIONS

Competent Person

Means a person who:

- a) Is qualified because of knowledge, training and experience to organize work and its performance;
- b) Is familiar with this Act and the regulations that apply to the work; and
- c) Has knowledge of any potential or actual danger to health or safety in the workplace.



| | |
|-----------------------------|--|
| Construction | Includes erection, alteration, repair, dismantling, demolition, structural maintenance, painting, land clearing, earth moving, grading, excavating, trenching, digging, boring, drilling, blasting, or concreting, the installation of any machinery or plant, and any work or undertaking in connection with a project but does not include any work or undertaking underground in a mine. |
| Constructor | Means a person who undertakes a project for an owner and includes an owner who undertakes all or part of a project by himself or by more than one employer. |
| Designated Substance | Means a biological, chemical, or physical agent or combination thereof prescribed as a designated substance to which the exposure of a worker is prohibited, regulated, restricted, and limited or controlled. |
| Employer | Means a person who employs one or more workers or contracts for the services of one or more workers and includes a contractor or subcontractor who performs work or supplies services and a contractor or subcontractor who undertakes with an owner, constructor, contractor or subcontractor to perform work or supply services. |
| MOL | Ministry of Labour |
| OHSA | Occupational Health and Safety Act, RSO 1990 |
| Owner | Includes a trustee, receiver, mortgagee in possession, tenant, lessee, or occupier of any lands or premises used or to be used as a workplace, and a person who acts for or on behalf of an owner as an agent or delegate. |
| Prescribed | Means prescribed by regulation made under the Act. |
| Project | Means a construction project, whether public or private, including, a) The construction of a building, bridge, structure, industrial establishment, mining plant, shaft, tunnel, caisson, trench, excavation, highway, railway, street, runway, parking lot, cofferdam, conduit, sewer, watermain, service connection, telegraph, telephone or electrical cable, pipe line, duct or well, or any combination thereof, b) The moving of a building or structure, and c) Any work or undertaking, or any lands or appurtenances used in connection with construction. |
| WSIB | Workplace Safety and Insurance Board |

4.0 RESPONSIBILITIES

| | |
|--------------------------|--|
| Senior Management | <ul style="list-style-type: none">• Ensure that the requirements of this program are carried out with respect to contracted work performed under their authority or control.• Determine if Contractor performance evaluations (as described in Section 5.4 of this procedure) are to be completed for contacts or services provided within their department. |
|--------------------------|--|



Managers / Supervisors

- Ensure that any contracted work performed under their authority or control conforms with the requirements of this program.
- Ensure the requirements of this program are communicated to contractors during the bidding/tending process and/or prior to the commencement of any work.
- Ensure the **Contractor Health & Safety Program Summary Checklist (CO-GEN-OHS-FRM-010-001)** is provided to, completed by and reviewed with the contractor as part of pre-commencement activities (e.g. pre-construction meeting, etc.).
- Ensure **Contractor Safety - Pre-Commencement Checklist (CO-GEN-OHS-FRM-010-002)** form is reviewed with the contractor as part of pre-commencement activities (e.g. pre-construction meeting, etc.).
- Complete **Contractor Notice of Safety Infraction (CO-GEN-OHS-FRM-010-003)** form when required to record and communicate health and safety issues to the Contractor.
- Complete **Contractor Safety Evaluation - Post-Performance (CO-GEN-OHS-FRM-010-004)** forms following completion of works, where directed by the Senior Manager.
- Maintain appropriate records in accordance with **OHS Control of Records (CO-GEN-OHS-PRO-003-001)**.

Contractor

- Comply with the requirements of this program.
- Ensure employees comply with the requirements of this program.

EHS Compliance Manager

- Act as a resource to all departments and management with regard to all elements of the Contractor Safety Program.

5.0 PROCEDURE

5.1 Contractor Health & Safety Program Summary

5.1.1 The Contractor is required to complete and sign the **Contractor Health & Safety Program Summary Checklist (CO-GEN-OHS-FRM-010-001)** and provide it to the Town prior to commencement of any works. On this form the Contractor is required to identify the following information:

- The total number of persons they employ;
- The types of health and safety documents (e.g. policies, procedure or guidelines) they have in place, where applicable to the work or service being provided;
- The types of training programs they have in place, where applicable to the work or services being provided;
- The types of personal protective equipment that will be provided to their employees for the work or services being provided;
- Any specific certificates or licenses required for the work or services being provided; and
- Any works or services that will be sub-contracted.

5.1.2 At the discretion of the Manager/Supervisor, The Town may request applicable documentation or records from the contractor to support the information provided by the Contractor in the **Contractor Health & Safety Summary Checklist** Form.



5.2 Pre-Commencement

5.2.1 Prior to the commencement of any works, the **Contractor Safety - Pre-commencement Checklist (CO-GEN-OHS-FRM-010-002)** form will be reviewed between the Town and the Contractor. The following information will be discussed as part of this review:

- The completed **Contractor Health & Safety Program Summary Checklist** form;
- The Town of Grimsby's procedures and/or training programs, if required to supplement the Contractor's health and safety program;
- Health and safety documentation provided by the Contractor, including:
 - WSIB clearance certificate;
 - Ministry of Labour notice of project, where applicable;
 - Traffic control plans, where applicable; and
 - General liability insurance, or other specific type of insurance as required;
- The process for reviewing contractor safety and following up with safety infraction, including:
 - Use of the **Contractor Notice of Safety Infractions (CO-GEN-OHS-FRM-010-003)** form; and
 - Guidelines provided in the **Contractor Safety Infractions - Follow-Up Guidelines (CO-GEN-OHS-LM-010-001)** matrix;
- Worksite requirements/responsibilities for the contractor, including their need to:
 - Maintain Safety Data Sheets (SDS) 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 (CO-GEN-OHS-PRO-028-001)** where applicable;
 - Complete the asbestos **Contractor Notification and Acknowledgement (CO-GEN-OHS-FRM-026-004)** where applicable;
 - Keep the worksite and work area clean and free of slip, trip and fall hazards, where practicable;
 - Provide warning signs, barricades or other safety measures as required to protect employees or the public from hazards;
 - Obtain hot work permits from Town Worksite Managers where required and follow fire safety precautions as described in the completed **Hot Work Permit - General (CO-GEN-FSP-FRM-002-011)** form;
 - Not use and/or operate any Town of Grimsby tools or equipment;
- Worksite requirements/responsibilities for the Town of Grimsby, including their need to:
 - Provide copies of asbestos assessment reports or designated substance surveys where applicable;
 - At their discretion, review the worksite and where present, bring health and safety concerns to the attention of the Contractor;
 - At their discretion, investigate serious incidents or accidents involving the Contractor;
- Any other specific health and safety or other requirements that may be applicable to the work or service being provided, as determined by the Town Manager/Supervisor overseeing the work or as brought forward by the Contractor performing the work.



5.3 Performance Monitoring

- 5.3.1 While performing their regular duties, Town representatives who are overseeing the administration of contracts, should also observe the contractor's general health and safety performance. Typically this would be done as a component of the Town employee's normal site visits, which would be completed periodically throughout the term of the service/work or the length of the contract.
- 5.3.2 The **Contractor Safety Infractions - Follow-up Guidelines (CO-GEN-OHS-LM-010-001)** matrix should be followed for guidance in resolving any safety infractions observed during the course of the work. Typically when safety infractions have been observed, the **Contractor Notice of Safety Infraction (CO-GEN-OHS-FRM-010-003)** is to be complete by the Town representative and provided to the Contractor.
- 5.3.3 Copies of completed **Contractor Notice of Safety Infraction** must be forwarded to the appropriate Manger/Supervisor and the EHS Compliance Manager.
- 5.3.4 The Town of Grimsby retains the right to stop the contractor's work, without penalty to the Town of Grimsby, if the contractor does not comply with the OHSA, the Regulations, all applicable Town policies and industry standards and guidelines, or creates an unacceptable health and safety hazard.

5.4 Contractor Performance Evaluation

- 5.4.1 At the discretion of the Senior Manager, the **Contractor Safety Evaluation - Post-Performance (CO-GEN-OHS-FRM-010-004)** form is to be completed by the Manager or Supervisor overseeing the work to formally evaluate the contractor's health and safety. Once completed, the form is to be signed and forwarded to appropriate Senior Manager for inclusion in the contract file.
- 5.4.2 Documented poor performance may be used in determining if a Contractor is suitable to bid on and/or provide future work/services for the Town of Grimsby.

6.0 **ASSOCIATED DOCUMENTS**

6.1 External Documentation

- Asbestos Management Program: **CO-GEN-OHS-PRO-028-001**
- Occupational Health and Safety Act (OHSA): **CO-GEN-OHS-LEG-028-001** (Sections 23, 25, 26)
- Construction Projects Regulations, Reg. 213/91: **CO-GEN-OHS-LEG-028-002**
- Industrial Establishments, Reg. 851: **CO-GEN-OHS-LEG-028-006**

6.2 Internal Documentation

- Contractor Safety Infractions - Follow-up Guidelines: **CO-GEN-OHS-LM-010-001**
- Contractor Health & Safety Program Summary Checklist: **CO-GEN-OHS-FRM-010-001**
- Contractor Safety - Pre-Commencement Checklist: **CO-GEN-OHS-FRM-010-002**
- Contractor Notice of Safety Infraction: **CO-GEN-OHS-FRM-010-003**
- Contractor Safety Evaluation - Post-Performance: **CO-GEN-OHS-FRM-010-004**
- Contractor Notification and Acknowledgement: **CO-GEN-OHS-FRM-026-004**
- Hot Work Permit - General: **CO-GEN-FSP-FRM-002-011**



7.0 REVISION HISTORY

| | |
|------------------------|--|
| Revision No.: | 3 |
| Date of Last Revision: | June 2011 |
| Last Approval Date: | June 2011 |
| Reason for Change(s): | Update |
| Summary of Change(s): | <ul style="list-style-type: none">• Title of document changed from “Contractor Safety” to “Contractor Safety Program”.• Moved text previously in Section 2.0 (Scope) to Section 1.0 (Purpose).• Updated Section 4.0 as follows:<ul style="list-style-type: none">- Responsibilities noted previously under “Purchasing” moved to “Managers and Supervisors”.- “Manager and Supervisor” responsibilities updated.- “Contractor” responsibilities added.- “Health and Safety Coordinator” changed to “EHS Compliance Manager”.• Removed previous Section 5.1 (Policy Rationale), Section 5.2 (Application) and 5.3 (Duties of the Employer).• Moved text from previous Section 5.4 (Types of Contractors) to Section 2.0 (Scope) and updated descriptions.• Previous Sections 5.5.1 (Stage 1 - Contractor Checklist) and 5.5.2 (Stage 2 Pre-commencement Meeting) removed and new Section 5.1 (Contractor Health and Safety Program Summary) and Section 5.2 (Pre-Commencement) added to correspond with information included in the updated Contractor Health and Safety Program Summary Checklist and Contractor Safety - Pre-Commencement Checklist forms.• Revised wording of Section 5.3.2.• Revised wording of Section 5.4.1 to allow Senior Manager to use discretion in determining if post-contract safety evaluations will be used within their department.• Section 6.0 Associated Documents updated to reflect updated document references including:<ul style="list-style-type: none">- Asbestos Management Program.- Contractor Notification and Acknowledgement.- Contractor Health and Safety Program Summary Checklist.- Contractor Safety - Pre-Commencement Checklist.- Hot Work Permit - General. |



| | | | |
|--------------------|---|-------------------------|---|
| 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.

1.0 Contractor's Information

| | | | |
|----------------------------------|--|----------------------------------|--|
| Contractor / Company Name: | | | |
| Name of Representative: | | | |
| Representative's Job Title: | | | |
| Number of Employees (Full-Time): | | Number of Employees (Part-Time): | |

2.0 Contractor's OHS Program Information

➤ For each topic applicable to the work being performed/services being provided, indicate if your company has written documents (policies, procedures or guidelines) in place and if training is provided to your employees and at what frequency this training is refreshed.

| Applicable to Work Performed/Services Provided Health and Safety Program Topics | Written Document | | Training Provided | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| | Yes | No | Yes | No | Frequency |
| General | | | | | |
| <input type="checkbox"/> OHS Policy Statement and Program ¹ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Health & Safety Awareness - Workers/Supervisors ² | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Workplace Violence & Harassment ² | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hazardous Chemicals / Materials | | | | | |
| <input type="checkbox"/> Workplace Hazardous Materials Information System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Transportation of Dangerous Goods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Designated Substances: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> ➤ Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> ➤ Other (List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> ➤ Other (List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> ➤ Other (List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emergencies | | | | | |
| <input type="checkbox"/> First Aid, CPR, AED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Fire Prevention / Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Emergency Response Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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.



Applicable to Work Performed/Services Provided

| Health and Safety Program Topics | Written Document | | Training Provided | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| | Yes | No | Yes | No | Frequency |
| Workplace Hazards | | | | | |
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Traffic Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Excavations, Trenching, Shoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Electrical Safety, Energy Lockout / Tag-out | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Ergonomics / Manual Material Handling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Vehicle Safety (Backing, Loading, Rigging, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Equipment Safety (Heavy Equipment, Power Tools, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Slips, Trips, Falls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fall Protection | | | | | |
| <input type="checkbox"/> Working at Heights ³ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Ladder Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Miscellaneous / Other | | | | | |
| <input type="checkbox"/> Other (List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Other (List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Other (List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Other (List): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

3.0 Personal Protective Equipment

➤ Indicate what types of personal protective equipment will be provided for the work being performed/services being provided.

| | |
|---|---|
| <input type="checkbox"/> Head Protection (Hard Hats). | <input type="checkbox"/> Foot Protection (Safety Shoes / Boots) |
| <input type="checkbox"/> Eye / Face Protection (Glasses, Goggles, Shields) | <input type="checkbox"/> Fall Protection (Harnesses, Lanyards) |
| <input type="checkbox"/> Hearing Protection (Earplugs, Earmuffs) | <input type="checkbox"/> Water Safety (Personal Floatation Devices) |
| <input type="checkbox"/> Respiratory Protection (Air-Purifying, Supplied-Air) | <input type="checkbox"/> Other (List): |
| <input type="checkbox"/> Protective Clothing (High-visibility, Coveralls) | <input type="checkbox"/> Other (List): |
| <input type="checkbox"/> Hand Protection (Gloves) | <input type="checkbox"/> Other (List): |

4.0 Certificates / Licensing

➤ Indicate any specific certification or licenses which are required for the work being performed/services being provided.

| |
|--|
| <input type="checkbox"/> Certificate / License (List): |
|--|

³ This is a legislated training requirement (construction projects).



| | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Certificate / License (List): |
|--------------------------|-------------------------------|

5.0 Accessibility Compliance

➤ Where applicable to the work being performed/services being provided, indicate if your company has provided accessibility training to your employees.

| <p>Applicable to Work Performed/Services Provided</p> <p style="text-align: center;">Accessibility Training Topics</p> <p>General</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;"><input type="checkbox"/></td> <td>AODA Customer Service Standard Training⁴</td> </tr> </table> | <input type="checkbox"/> | AODA Customer Service Standard Training ⁴ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Training Provided</th> </tr> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Training Provided | | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--|--|--|-------------------|--|-----|----|--------------------------|--------------------------|
| <input type="checkbox"/> | AODA Customer Service Standard Training ⁴ | | | | | | | | |
| Training Provided | | | | | | | | | |
| Yes | No | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |

6.0 Sub-contract Work

➤ Indicate if any work is to be sub-contracted and provide details.

| | | |
|-------------------------------------|--------------------------|--------------------------|
| Are any works to be sub-contracted? | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Sub-contracted Work (List): |
| <input type="checkbox"/> | Sub-contracted Work (List): |
| <input type="checkbox"/> | Sub-contracted Work (List): |
| <input type="checkbox"/> | Sub-contracted Work (List): |
| <input type="checkbox"/> | Sub-contracted Work (List): |
| <input type="checkbox"/> | Sub-contracted Work (List): |
| <input type="checkbox"/> | Sub-contracted Work (List): |

7.0 Acknowledgement

➤ Sign below to acknowledge the information provided in this form is accurate as of the date of signing.

| | |
|-----------|------|
| Signature | Date |
| Name | |
| Title | |

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 | Reviewed | | Comments |
|--|--|--|----------|
| | Yes | N/A | |
| 1. Contractor Health & Safety Program Summary Form ➤ Review Contractor Health & Safety Program Summary Checklist form completed by contractor. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 4. Contractor Safety Infractions ➤ Review Contractor Notice of Safety Infraction form. ➤ Review Contractor Safety Infractions - Follow-Up Guidelines document. | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
| 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 Hot Work Permit - General form. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |



| Subject / Topic | Reviewed | | Comments |
|---|--|--|----------|
| | Yes | N/A | |
| ➤ Not use and/or operate any Town of Grimsby tools or equipment. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Worksite Requirements (Town of Grimsby) - Town of Grimsby: ➤ Will provide copies of asbestos assessments or designated substances surveys to Contractor. ➤ Worksite representatives may review worksite and bring issues to Contractor's attention. ➤ Worksite representatives or JHSC members may investigate serious incidents involving Contractor. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 7. Other Health and Safety Requirements - Any other specific health and safety requirements identified by the Town or the Contractor: ➤ Other (Describe): ➤ Other (Describe): ➤ Other (Describe): ➤ Other (Describe): | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

➤ Acknowledgements:

Town of Grimsby

_____ Name and Title

_____ Signature

_____ Date

Contract Administrator

_____ Name and Title

_____ Signature

_____ Date

Contractor

_____ Name and Title

_____ Signature

_____ 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.