**APPENDIX 5** - **CONSTRUCTION PROJECT FORM**

**Note: This form applies to contract work that qualifies as a construction project as defined in Section 1(1) of the Occupational Health and Safety Act.**

**PART A**

**Department / Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

**Contract Coordinator/Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(dd / mm / yy) (dd / mm / yy)**

**Location of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project No.: \_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_

**Who is the Constructor:**

**City of Guelph Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_**

**Contract Coordinator/Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_** **\_\_**

**Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**Contractor or Third Party Representative (Company): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

**Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: It is the duty of the Constructor to fulfill the responsibilities listed in this Form.**

**…………………………………………………………………………………………………………………………………………**

By signing below, both parties indicate that they are in agreement about who is taking responsibility as the Constructor for this project, that this project meets the requirements of classification as a construction project, and that the duties of the Constructor as per the Occupational Health & Safety Act will be followed by the party named as the Constructor as outlined in Duties of the Constructor.

It is also understood that the City of Guelph will still hold duties as the Site Owner, regardless of whether they are the Constructor, and those duties as Owner will be respected by the Constructor.

**City of Guelph, Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duties of the Constructor\*: *(Confirm the following prior to job start-up)***

|  |  |  |
| --- | --- | --- |
| ***Constructor Responsibilities*** | ***Yes*** | ***No*** |
| 1. Is a Notice of Project Required? (*Refer to s.6(1) of O.Reg. 213/91*) |  |  |
| *If yes, has it been filed with the Ontario Ministry of Labour and posted at the Project?* |  |  |
| 1. Has a completed MOL Form 1000 registration for the constructor and all contractors associated with the project been submitted to the City of Guelph? |  |  |
| 1. Are you familiar with and prepared to comply with all applicable health, safety and environmental legislation? |  |  |
| 1. Has the constructor provided a Hazard Analysis’ for the work and control of access to the site? |  |  |
| 1. Has the constructor provided to the City of Guelph – A WSIB Clearance Certificate and a Certificate of Insurance with the City of Guelph named as an insured on the Certificate? (Where the city is not the constructor) |  |  |
| 1. Are all workers hired to perform work on the project competent in the work they are hired to perform (i.e. all necessary training, certifications, knowledge of hazards, experience)? |  |  |
| 1. Has the constructor provided contact information and a list of competent supervisors appointed to oversee the work at all times? |  |  |
| 1. Has a copy of the constructors Health & Safety Program been provided to the City of Guelph? (A Contractor Mgmt. Program and a Visitor Program should be included) |  |  |
| 1. Has the constructor provided emergency contact information to the Project Owner and posted emergency contact information at the project location? |  |  |
| 1. Will the constructor be disturbing any building materials or materials known to contain a designated substance?   If **Yes**, has the City provided a copy of a Designated Substances Survey and ensured completion of **Appendix 7 – Form 1**. Have all employees been made aware of the contents of the survey. |  |  |
|  |  |
| 1. Is there any risk of environmental loss associated with the work that the contractor may perform on site? |  |  |
| *If yes, has a copy of the control plan been provided to the City of Guelph?* |  |  |
| 1. Are you are aware that as the Constructor, you are taking on sole control and responsibility for the health and safety of everyone working on the Project? |  |  |
| 1. Has a list of contractors and subcontractors that will be working on the project been provided to the City of Guelph? |  |  |
| 1. Although it is not the intent of the City of Guelph to interfere with the duties of the Constructor, are you aware and in agreement that we reserve the right and responsibility as site Owner to communicate to you any health and safety concerns that may be observed with regard to work being performed on the Project? (if no, work cannot be initiated until agreement acknowledged) |  |  |

Note: As the site Owner, the City of Guelph reserves the right to have authorized personnel access the project in collaboration with the Constructor/Supervisor to review and assess safety performance periodically during the project.

|  |  |
| --- | --- |
| **Location of Pre-Start/Pre-Construction meeting:** | |
| **Date:** *(year/month/day)* | **Time:** |
| **City of Guelph Representatives:** | **Contractor/Constructor Representatives:** |
|  |  |
|  |  |
|  |  |
|  |  |