**Form 2 – Contractor Health & Safety Clearance Assessment**

(To be completed at least every two years, or more frequently should circumstances change)

**Contractor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Contractor Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**\*\*PLEASE ENSURE ALL SECTIONS ARE COMPLETED\*\***

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| **Section 1: Service Information** |
| What services will you provide to The City of Guelph (Select ALL that apply)? Licensing: |
| [ ]  Cleaning Service[ ]  Confined Space Entry/Rescue [ ]  Hazardous Waste [ ]  Plumbing Repairs[ ]  Duct cleaning[ ]  Emergency spill response[ ]  Electrical Service[ ]  HVAC Service[ ]  General contractor[ ]  Fire Monitoring[ ]  Landscaping and snow removal[ ]  Delivery and rigging of heavy equipment[ ]  Moving and Furniture assembly[ ]  Document shredding[ ]  Pest removal and control[ ]  Roofing installation/maintenance[ ]  Security[ ]  Millwright services |  [ ]  Gas Fitting [ ]  Electrical  [ ]  Fire Suppression  [ ]  Alarm System [ ]  Remediation [ ]  Generator [ ]  Refrigeration systems [ ]  Plumbing [ ]  Forklift [ ]  Backflow [ ]  Security systems [ ]  UPS equipment  |
| [ ]  Other (please describe):  |  |
| **Section 2: Occupational Health and Safety Performance** |
| Are you classed as an independent operator without WSIB coverage? | [ ]  Yes | [ ]  No |
| Is your company COR/ISO 45001 Certified?  | [ ]  Yes | [ ]  No |
| Has your company been fined or received/pending prosecution for Health & Safety violations in the last 3 years? | [ ]  Yes | [ ]  No |
| **Company Health & Safety Performance**\* Count incidents once according to its highest severity level | **Current Year** | **Previous 3 Years** |
| Total employee work hours |  |  |  |  |
| Number of Fatalities |  |  |  |  |
| Number of Lost time accidents and workdays lost |  |  |  |  |  |  |  |  |
| Number of Medical aid cases |  |  |  |  |
| **Section 3: Occupational Health and Safety Programs** |
| **0 = Not in place 1 = In progress 2 = In place, documented/routine practice N/A = Not applicable to company** | 0 | 1 | 2 | NA |
| Do you have a Health & Safety policy that is reviewed and updated on a regular basis? | [ ]  | [ ]  | [ ]  | [ ]  |
| Are employee roles and responsibilities for Health & Safety defined and communicated? | [ ]  | [ ]  | [ ]  | [ ]  |
| Do you have a disciplinary program for employees who do not comply with Health & Safety rules? | [ ]  | [ ]  | [ ]  | [ ]  |
| Do procedures/programs exist for the following Health & Safety areas: |
|  | 0 | 1 | 2 | N/A |  | 0 | 1 | 2 | NA |
| Chemical ManagementConfined Space EntryEmergency Response & First AidEnergized Equipment LockoutHarassment & ViolenceHazard Assessment & Control Hazard CommunicationHazardous Waste Management | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Hot WorkIncident Reporting & Investigation Personal Protective EquipmentPowered Lifting DevicesRisk AssessmentSpill Response Working at HeightsWorkplace Inspections | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Section 4: Training**  |
| **0 = Not in place 1 = In progress 2 =In place, documented/routine practice** **N/A = Not applicable to company** | 0 | 1 | 2 | NA |
| Is there a program that ensures employees are trained to perform their tasks/jobs safely?  | [ ]  | [ ]  | [ ]  | [ ]  |
| Are training records available for all training conducted? | [ ]  | [ ]  | [ ]  | [ ]  |
| Do you have a specific Health & Safety training program for supervisors and managers? | [ ]  | [ ]  | [ ]  | [ ]  |
| **Section 5: Subcontractor Management** – please only complete if you use subcontractors |
| **0 = Not in place 1 = In progress 2 = In place, documented/routine practice** **N/A = Not applicable to company** | 0 | 1 | 2 | NA |
| A Contractor Management program is in place and includes Health & Safety  | [ ]  | [ ]  | [ ]  | [ ]  |
| Criteria are established for the selection of subcontractors based on Health & Safety performance | [ ]  | [ ]  | [ ]  | [ ]  |
| Will your firm be accepting the roles and responsibilities of **CONSTRUCTOR** for services being provided? If yes, please ensure completion of **Appendix 5**. | Yes | [ ]  | No | [ ]  |
| Please list any Sub-Contractor Companies that you **may** use to complete work at The City of Guelph **(All Sub-Contractors, unless working under a 3rd party Constructor (Appendix 2) must conform with the requirements of this form and provide the required paperwork to the City of Guelph Project Manager)** |
|  |
| **Section 6: Required Additional Information to be Submitted** |
| Please ensure you have enclosed copies of the following with your completed Contractor Declaration Form |
| [ ]  | Health & Safety training records for employees (include employee name, training topic name and date of training) |
| [ ]  | Copy of COR/ISO 45001 Certification (if applicable) |
| [ ]  | Current copy of Certificate of Insurance |
| [ ]  | Current copy of a WSIB Clearance Certificate |
| [ ]  | Current copy of your WSIB Injury Summary Report |
| [ ]  | Copy of a letter from WSIB confirming Independent Operator without Coverage (if applicable) |
| [ ]  | Copy of the current Health and Safety Policy for the company |
| [ ]  | SDS for any hazardous materials brought on site |
| [ ]  | Other (indicate additional documents being attached) |

The Contractor Representative agrees and confirms that the information provided above is true and accurate and deems that their employees are competent to carry out the work.

Contractor Representative Name:

 Please Print

Signature: Date: