



## Form 2 – Contractor Health & Safety Clearance Assessment

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

<b>Contractor Name</b>			
<b>Contractor Representative</b>		<b>Phone</b>	

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

<b>Section 1: Service Information</b>	
What services will you provide to The City of Guelph (Select ALL that apply)?	Licensing:
<input type="checkbox"/> Cleaning Service	<input type="checkbox"/> Gas Fitting
<input type="checkbox"/> Confined Space Entry/Rescue	<input type="checkbox"/> Electrical
<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Fire Suppression
<input type="checkbox"/> Plumbing Repairs	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Duct cleaning	<input type="checkbox"/> Remediation
<input type="checkbox"/> Emergency spill response	<input type="checkbox"/> Generator
<input type="checkbox"/> Electrical Service	<input type="checkbox"/> Refrigeration systems
<input type="checkbox"/> HVAC Service	<input type="checkbox"/> Plumbing
<input type="checkbox"/> General contractor	<input type="checkbox"/> Forklift
<input type="checkbox"/> Fire Monitoring	<input type="checkbox"/> Backflow
<input type="checkbox"/> Landscaping and snow removal	<input type="checkbox"/> Security systems
<input type="checkbox"/> Delivery and rigging of heavy equipment	<input type="checkbox"/> UPS equipment
<input type="checkbox"/> Moving and Furniture assembly	
<input type="checkbox"/> Document shredding	
<input type="checkbox"/> Pest removal and control	
<input type="checkbox"/> Roofing installation/maintenance	
<input type="checkbox"/> Security	
<input type="checkbox"/> Millwright services	
<input type="checkbox"/> 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

<b>Company Health &amp; Safety Performance</b>	<b>Current Year</b>		<b>Previous 3 Years</b>			
* Count incidents once according to its highest severity level						
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employee roles and responsibilities for Health & Safety defined and communicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disciplinary program for employees who do not comply with Health & Safety rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do procedures/programs exist for the following Health & Safety areas:

	0	1	2	N/A		0	1	2	NA
Chemical Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incident Reporting & Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Response & First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized Equipment Lockout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Powered Lifting Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment & Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Assessment & Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workplace Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Is there a program that ensures employees are trained to perform their tasks/jobs safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are training records available for all training conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a specific Health & Safety training program for supervisors and managers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 5: Subcontractor Management</b> – please only complete if you use subcontractors				
<b>0 = Not in place 1 = In progress 2 = In place, documented/routine practice N/A = Not applicable to company</b>	0	1	2	NA
A Contractor Management program is in place and includes Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criteria are established for the selection of subcontractors based on Health & Safety performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will your firm be accepting the roles and responsibilities of <b>CONSTRUCTOR</b> for services being provided? If yes, please ensure completion of <b>Appendix 5</b> .	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please list any Sub-Contractor Companies that you <b>may</b> use to complete work at The City of Guelph  <b>(All Sub-Contractors, unless working under a 3<sup>rd</sup> party Constructor (Appendix 2) must conform with the requirements of this form and provide the required paperwork to the City of Guelph Project Manager)</b>				
<b>Section 6: Required Additional Information to be Submitted</b>				
Please ensure you have enclosed copies of the following with your completed Contractor Declaration Form				
<input type="checkbox"/>	Proof of Competency (include training records specific to the work, relevant certifications and relevant experience)			
<input type="checkbox"/>	Copy of COR/ISO 45001 Certification (if applicable)			
<input type="checkbox"/>	Current copy of Certificate of Insurance			
<input type="checkbox"/>	Current copy of a WSIB Clearance Certificate			
<input type="checkbox"/>	Current copy of your WSIB Injury Summary Report (if available)			
<input type="checkbox"/>	Copy of a letter from WSIB confirming Independent Operator without Coverage (if applicable)			
<input type="checkbox"/>	Copy of the current Health and Safety Policy for the company			
<input type="checkbox"/>	SDS for any hazardous materials brought on site (if applicable)			
<input type="checkbox"/>	Other (List below. Examples would include delineation plans, emergency contact information and other related documents)			

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: \_\_\_\_\_