**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** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Management  Confined Space Entry  Emergency Response & First Aid  Energized Equipment Lockout  Harassment & Violence  Hazard Assessment & Control  Hazard Communication  Hazardous Waste Management | | |  |  |  |  | Hot Work  Incident Reporting & Investigation  Personal Protective Equipment  Powered Lifting Devices  Risk Assessment  Spill Response  Working at Heights  Workplace 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 COVID-19 Safe Work Plan | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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 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 to 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: