

Contractor Safety Management Protocol

<Town/Municipality Name> will actively monitor and audit compliance with this Contractor Safety Management Package and legislated standards. Departments will be audited **annually** and evaluated on their occupational health and safety performance and policy/program compliance. The **<Town/Municipality Name>** conducts regular workplace inspections on all of their worksites.

The **<Town/Municipality Name>** reserves the right to terminate a contract at any time due to a violation of the OHS Act and or other Regulations.

Consultant, Contractor, Supplier Safety Performance

If a Consultant's, Contractor's, or Supplier's safety performance is not in accordance with NS Occupational Health and Safety legislation, regulations or **<Town/Municipality Name>** Safety Manual, where the **<Town/Municipality Name>** Representative has knowledge of such violations, the following will apply:

1. The Contractor shall be given notification listing safety deficiencies using the Contractor Safety Violation Report in Appendix B.
2. The Contractor shall acknowledge notification, indicating corrective action taken, including action to prevent recurrence.
3. Should the Contractor refuse to take the appropriate corrective action, the Project Manager/ or OHS Safety Representative shall be contacted; at the discretion of the **<Town/Municipality Name>** Safety Manager, the jobsite may be shut down, at the cost of the Sub-contractor and the NS Department of Labour and Advanced Education will be contacted immediately.

Continued unsatisfactory safety performance will have a negative effect on the Contractor's ability to obtain future **<Town/Municipality Name>** contract work.

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<Town/Municipality Name>
Appendix 'A'
Health & Safety Questionnaire
(Consultant, Contractor, Supplier)

Consultants, Contractors or Suppliers wishing to submit proposals to **<Town/Municipality Name>** must complete this questionnaire and submit to **<Town/Municipality Name>** procurement department with their bid information.

General Information:

Company Name: _____ Company Address: _____
Telephone Number: _____

Insurance/ Worker's Compensation Coverage:

Is your company covered by general liability insurance, automotive insurance, umbrella policies, etc., that would cover the cost of damages to, and incidents involving third parties? **Please Attach a Copy.** Yes No

Is your company in Good Standing with the Worker's Compensation Board for The Province of Nova Scotia? **Please Attach a Copy.** Yes No

If no, please explain

Safety Performance:

Does your company have any non compliance or outstanding issues with the NS Department of Labour and Advanced Education, such as stop work orders, Pending charges/prosecutions, or recent (within the last 12 months) Convictions or fines? Yes No

If yes, please explain _____

Safety Program:

Is your safety program current and in Good Standing with Construction Safety NS Or WCB safety certification? **Please Attach a Copy.** Yes No

Does your program have written safety policies, procedures and safe work Practices applicable to the scope of work to be performed, including clearly defined safety responsibility for managers, supervisors and workers? Yes No

How do you communicate your safety policies and procedures?

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How often do managers, department directors visit the project/worksite?

Please explain how you conduct on site inspections, including how often they are Conducted, what they cover and who conducts them? _____

Does your company have a risk assessment procedure? Yes No

Does your company have a procedure in place for investigating incidents, accidents and near misses? Yes No

**** Please attach a list and contact information of all supervisors you will be using on site, as well as any safety coordinator or persons responsible for job site safety.**

Do you provide on the job training to all employees? Yes No

Please indicate how you inform your workers, other workers or persons at or near the workplace of any workplace hazards to which they may be exposed. _____

Do you have a disciplinary policy in place for anyone committing health and safety violations? **Please describe:** _____

Do you have JOHS Committee or Safety Representative? Yes No

Do you a preventative maintenance program for tools and machinery? Yes No

Do you have a health and safety policy and program for managing Contractors **for incorporating sub- contractors** into the workplace? Yes No

Please provide any other information relating to activities that demonstrates how your company conducts their projects safely and in accordance with all health and safety requirements (attach any applicable documents)

PLEASE BE ADVISED THAT DURING THE TENDERING PROCESS OR AT ANY TIME DURING THE CONTRACTED WORK, <Town/Municipality Name> MAY REQUEST COPIES OF POLICIES, PROCEDURES, RECORDS OR DOCUMENTATION OF PROOF FOR ANY QUESTIONS ANSWERED ON THIS QUESTIONNAIRE.

Signature

Date

Position/ Title

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CHECKLIST

Prior to Submission, please check that you have these documents submitted with ALL REQUESTED DOCUMENTATION for Tenders.

- Schedule "A" - Municipal By-Law Compliance Certificate
- Appendix "A" – Consultant, Contractor, Supplier Health and Safety Questionnaire
- Triplicate (3) copies of Submission sealed and properly labeled with correct Tender Number _____.
- Proof of current and valid Workplace Safety Certificate of Recognition (COR) from an Authorized Institution or WCB Safety Certification.
- Clearance letter from Workers Compensation (WCB)
- Proof of Liability Insurance (\$ dollar amount)
- Received Addenda No. _____ to NO. _____ Inclusive
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<Town/Municipality Name>
Appendix 'B'
Safety Violation Report
(Consultant, Contractor, Supplier)

TO (Contractor Name): _____

From Management Representative: _____

Date: _____

Safety Violation: _____

Date of Observation: _____

Location: _____

Observed By: _____

Action Taken: _____

COPIED TO:

- Department Director
- Director of Public Works
- JOHS Committee
- Contractor
- DOLAE

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Contractor Monitoring Inspection

Persons Conducting Inspection: _____

Contractor: _____

Date: _____

Hazards	Safe	Unsafe	N/A	Notes
Hazard Assessment Complete				
Hazards known to workers				
Workplace inspections complete				
Training	Safe	Unsafe		
Have workers received a site orientation				
Do workers have job specific training				
Heights	Safe	Unsafe		
Do workers have fall protection training				
Is fall protection equipment inspected				
Is there a fall protection plan/procedure				
Is the rescue procedure known				
Scaffolding	Safe	Unsafe		
Is scaffolding tagged?				
Are workers trained in scaffolding?				
Is scaffolding erected correctly?				
Is there a scaffolding checklist complete?				
Investigations	Safe	Unsafe		Notes
Are workers aware of reporting requirements?				
Are all incidents being recorded?				
Are all incidents being investigated?				
Emergency Preparedness	Safe	Unsafe		
Are fire extinguishers available?				
Are first aid kits available.				
Are first aid trained persons on site				
Are SDSs for controlled products accessible				
Are workers knowledgeable of				
* Muster station				
* Emergency exits				
* Emergency horn/siren procedure				
General	Safe	Unsafe		
Houskeeping				
Lighting				
Machine/tool guards				
PPE worn for task/policy				
Commendation:				
Reviewed with Supervisor	Signed:			
	Date:			
Completed	Signed			
	Date:			