

# CONTRACTOR SAFETY POLICY

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April 30, 2009

All Contractors

**Subject:** Contractors Health and Safety Package

(Company Name) endeavors to take every precaution reasonable to protect and promote the safety of our employees. This also applies to visitors and private contractors working on (Company Name) property.

Contractors are expected to conduct their business in a manner so as not to put themselves, (Company Name) employees or the public at risk.

Effective immediately, any contractor providing services to (Company Name) will be required to review (Company Name) Ltd. Health and Safety Policy and provide the following information.

1. Complete and return the “**Contractor Safety Agreement**”.
2. Provide a valid “**Clearance Certificate**” from the Workers Compensation Board once a year for as long as there is a working relationship.
3. Provide valid proof of liability insurance in the amount of \$\_\_\_\_\_ Dollars.
4. It will be the responsibility of the contractor to ensure that every one of their employees and sub-contractors who could possibly do work at (Company Name) complete the “**Contractor Safety Orientation Checklist Form**” to receive approval to commence the work described.

A healthy and safe workplace is everyone’s responsibility. Your active participation and support is vitally important to maintaining and improving health and safety in our workplace.

Thank you for working with us in creating a safe and enjoyable workplace.

Sincerely,

*(Safety Coordinators Name)*

*(Company Name) Ltd.*

*Health and Safety Officer*

*(204) 786-7921 ext.# 844*

## Contractor Safety Agreement

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Contact person: \_\_\_\_\_

WCB Firm number: \_\_\_\_\_

The above named contractor/sub-contractor has reviewed (Company Name) Ltd. Health and Safety manual and has ensured that all employees of the contracting firm at this location are aware of and will abide by the health and safety policies of (Company Name) Ltd. If any employee of the contractor is seen in violation of any health and safety policy they will be escorted from the premises.    YES      NO

Description of the type of work or services generally provided to (Company Name) Ltd:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager's Approval to Commence Work

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **1. GENERAL SAFETY RULES:**

- a) All employees must work in compliance with the Workplace Safety and Health Act W210 at all times.
- b) CSA approved steel toe footwear, hearing protection, and eye protection is mandatory, and shall be worn at all times on the property. Failure to do so will result in the contractor employee being asked to leave the property.
- c) Always walk, running is not allowed in the facility.
- d) Horseplay, rough housing or boisterous conduct will not be tolerated in the facility.
- e) All accidents and near misses must be reported to the contractors contact person immediately. An incident report is to be filled out immediately and completed within 24 hours of the accident/incident.
- f) Any contractor's equipment that is brought onto the worksite is to be in safe operational condition, any defects are to be noted and corrected by the contractor before resuming use of the equipment.
- g) Only contractors holding a valid operator's license are allowed to operate motorized equipment on (Company Name) property.
- h) The use of alcohol, and non-prescription drugs on company property is strictly forbidden. Any contractor employee found to be under the influence of drugs or alcohol will be asked to leave the property immediately.
- i) All trailer wheels must be chocked before loading and unloading.
- j) Lift operators are to operate their equipment in a safe manner at all times.
- k) Pedestrians have the right-of-way in the facility.
- l) When a pedestrian approaches a piece of equipment where the operator does not see them eye contact must be made with the operator before proceeding.
- m) Do not walk under a raised load.
- n) At no time is any safety device on a piece of equipment to be removed or made inoperable. Failure to comply with this rule will result in disciplinary action.
- o) All emergency exits and equipment must remain clear at all times. (a 3ft aisle)
- p) Good housekeeping practices must be followed at all times.
- q) All workers must be protected from falling a vertical distance of more than 3 meters (10 ft.), as required by regulations under the WSH Act. All personnel working outside the safety railings while using scissor lifts, safety cages, or other elevated work platforms shall wear approved body harnesses. Personnel required to wear the body harness must be trained in the use, care and maintenance of that particular body harness and/or fall protection device.

## Contractor/Sub-Contractor Safety Orientation Checklist

Company

Name: \_\_\_\_\_

Representative

Name: \_\_\_\_\_

1. Introduction
2. Overview of (Company Name) Safety Policy
3. Contractor Orientation

<input type="checkbox"/> Use of Employee Entrances	<input type="checkbox"/> Smoking Policy
<input type="checkbox"/> Location of Cafeteria Facilities	<input type="checkbox"/> Hot Work Permit
<input type="checkbox"/> Rest Rooms	<input type="checkbox"/> Environmental Health Concerns
<input type="checkbox"/> First Aid Stations	<input type="checkbox"/> Contractor Tools
<input type="checkbox"/> PPE, bump caps, ear plugs, glasses, boots	<input type="checkbox"/> Company Equipment, Tools
<input type="checkbox"/> Visitor Identification Badges	<input type="checkbox"/> Lockout, Tag-out
<input type="checkbox"/> Health & Safety Act & Regulations	<input type="checkbox"/> Fall Protection, Overhead Work
<input type="checkbox"/> WHMIS/MSDS	<input type="checkbox"/> (Company Name) Safety Rules (handout)
<input type="checkbox"/> Emergency Evacuation	<input type="checkbox"/> Other (describe)
Phase II (identify other training/testing required as per job requirement)	
<input type="checkbox"/> Fire Watch	<input type="checkbox"/>
<input type="checkbox"/> Monarch Equipment Operation (forklift)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I have received the (Company Name) Contractor Orientation. I agree to comply with all safety rules and requirements for my assignment and work area. I understand that there are general and specific safety requirements regarding work at (Company Name) and this program has introduced both requirements to me in a general introduction.

The company I work for has provided me with instructions and training for specific safety requirements. I have been appropriately trained, qualified, and instructed by my employer to safely perform my assignment at (Company Name).

Employee's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_