



Bidder's Safety Checklist (Appendix A)

Complete, sign and submit with pre-qualification application

Section 1: Contractor Information		
Company Name:	Business Activity:	
Name of Company Representative:		
# of Employees (Full & Part-Time):	Tender / Bid #:	User Department:

Section 2: Workplace Safety Record		
WSIB Clearance Certificate or Proof of Independent Operator Status (submit)		
WSIB Workplace Injury Summary Report (submit most recent)		
WSIB NEER / CAD-7 / MAP Summary Statement (submit most recent)		
	Yes	No
Have you reported any fatalities or critical injuries in the last 3 years? (If yes, provide report)	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any MOL safety-related orders, prosecutions, charges or fines in the last 3 years? (If yes, provide copy)	<input type="checkbox"/>	<input type="checkbox"/>
Have you had fines or suspensions from TSSA in the last 3 years? (If yes, provide copy)	<input type="checkbox"/>	<input type="checkbox"/>
Have you had fines or suspensions from a utility company in the last 3 years? (If yes, provide copy)	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked for the Town before? (If yes, provide Evaluation, if available)	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Safety Accreditation Management System		Yes	No
Does your company have an accredited Safety Management System in place? (See below)		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what type of certification and which organization are you accredited through?			
<input type="checkbox"/> COR certification (IHSA) <input type="checkbox"/> OHSAS 18001 through _____			
<input type="checkbox"/> CSA Z1000 through _____			
Expiry Date of Certification:			
Provide copy of accreditation certificate showing certificate number and expiry date. Skip to the last page and sign, witness and date the commitment.			



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Section 4: Health & Safety General	Yes	No	NA
Do you have a Health & Safety Policy? (If yes, provide policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Health & Safety Program in place? (If yes, provide program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your Program include reviewing the subcontractor's safety record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a trained health and safety rep or joint committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Safety Infraction Discipline Policy that is communicated to all employees? (If yes, provide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Health and Safety Training and Procedures	Yes	No	NA
Have your workers and supervisors completed the mandatory Ministry of Labour Health and Safety Awareness Training? (Provide copies of certificates or completed sign off sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your supervisors provided Supervisory Competency Training on a minimum 3 year cycle? (E.g. IHSA Basic Supervision, or equivalent) (If yes, provide a signed and dated sample completion certificate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have written JSA's (or equivalent) for each daily job task? (If yes, provide a sample)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are workers instructed on the JSA before the start of each task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are workers required to sign-off after being instructed on the JSA? (If yes, provide an example of a completed sign-off sheet with actual signatures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do workers receive/participate in a toolbox talk or equivalent at least weekly? (If yes, provide a sample)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are workers required to sign-off after a toolbox talk or equivalent? (If yes, provide an example of a completed sign-off sheet with actual signatures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the following topics, indicate;

- what health & safety training you have provided to your employees and how often, and
- whether you have a written procedure in place
- "N/A" means not applicable

Mandatory Safety Topic	N/A	Training			Procedure	
		Yes	No	How often?	Yes	No
Competent supervision (IHSA or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum every 3 yrs	<input type="checkbox"/>	<input type="checkbox"/>
Driver safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fire protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Incident investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lifting (Manual / Mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Machine guarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
WHMIS - 2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
WHMIS - annual review	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

Job-specific Safety Topic	N/A	Training			Procedure	
		Yes	No	How Often?	Yes	No
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Confined space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Crane / Rigging safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Elevated work platforms	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fuel handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ladder Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lockout / Tag out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rescue / Retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Traffic control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Transportation of Dangerous Goods (TDG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Trenching / Shoring / Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Welding or Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

The Town of Fort Erie reserves the right to request additional documentation to verify content.

The undersigned hereby acknowledges and represents that the information set out in this form is accurate as of the date of signing and further, that any changes to this information will be provided to The Corporation of the Town of Fort Erie immediately.

Dated at _____ this _____ day of _____, 20 _____.

Signature of Witness

Signature of Contractor Representative

Name of Witness

Name and Title

I have authority to bind the corporation.