



CONTRACTOR MANAGEMENT PROGRAM

Sample Contractor Declaration, Safety Agreement,
Orientation Package, Monitoring & Evaluation Forms

CONTRACTOR MANAGEMENT PROGRAM

CONTRACTOR SAFETY AGREEMENT

<ABC Company> is committed to maintaining a safe and healthy workplace through the active participation and support of <ABC Company>'s Health and Safety Program.

All contractors working with <ABC Company> are required to provide the following information:

Please check below to indicate that you have attached the applicable documentation.

- NS Workers' Compensation Board (WCB) Clearance Letter*
- Current and acceptable, general liability insurance with a minimum of \$2,000,000 coverage.*
- Signed Contractor Declaration and Safety Agreement*
- Construction Safety NS - Letter of Good Standing*

I will submit/maintain the following:

Weekly	Toolbox Meetings
Annual/site specific	Hazard Assessments
Applicable to trade/compliance	Training/Certifications
As applicable	Fall Protection Plans/Procedure
As applicable	Near Miss/Incident/Accident Reports
As applicable	Contractor Documentation (WCB, INS, Training, Hazard Assessments, etc.)
Weekly	Site Inspections
As Applicable	Vehicle and equipment Inspections

At all times, the Contractor will abide by all <ABC Company>'s policies including, but not limited to, Personal Protective Equipment, prohibited use of legal/illegal drugs/alcohol, and the company rules and disciplinary procedures.

<ABC Company>'s safety (person/advisor/coordinator) will be provided with all related documentation to verify the ongoing activities related to health and safety as dictated by the company policies and the nature and complexity of the project. OH&S documentation as outlined above may be spot checked and confirmed at any time throughout the project.

OPTIONAL – *I understand that failure to submit the required documentation may/will result in holdback of payment for invoices received.*

Acknowledged by:

Contractor Authorized Print/Signature

Contractor Company Name

Date

*****Include your Hazard Assessment form, Company Rules, Substance Use Policy and Harassment Policy with this package.*

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CONTRACTOR MANAGEMENT PROGRAM

Contractor Company Name:

Safety is a top priority to <ABC Company>. A Company Safety Program has been implemented and is applicable to all Contractors who perform work for and/or on any project under the control of <ABC Company>. The Company Rules shall be provided to and reviewed with the Contractor prior to commencing work on any project under the control of <ABC Company>. <ABC Company> values the work of its Contractors.

This Contractor Safety Agreement shall be completed by the Contractor, signed and dated. If revisions are made to this Safety Agreement, Contractors will be required to complete and submit a new one or amendments will be sent for review and signature.

As a Contractor with <ABC Company>, you will be required to comply with the Nova Scotia Occupational Health and Safety Act and all regulations made pursuant to the Act and to the work you have been contracted to perform. These responsibilities are not a matter of individual choice but are mandatory and are in the interest of all concerned. This also applies to any Subcontractors hired by the Contractor.

AS A CONTRACTOR I WILL ENSURE THAT:

- Any information that I have supplied to <ABC Company>'s Safety Advisor/Consultant will be updated as required.
- I complete the attached Contractor Orientation with my employees (working on <ABC Company>'s sites/projects) and have them sign off as proof of review.
- All my employees (working on <ABC Company>'s sites/projects) have received all applicable compliance and/or other safety related training required to do their work prior to working on any of <ABC Company>'s sites/projects.
- A Hazard Assessment for each site is completed before work begins. The potential hazards associated with our type of work have been communicated to all my employees working on <ABC Company>'s sites/projects. *(A copy of <ABC Company>'s Hazard Assessment form has been included in this package in the event your company does not have one in place.)*
- Safe Work Practices and Safe Job Procedures will be provided when requested for all work being done on any <ABC Company> sites/projects (if safety program in place).
- A copy of all accident/incident investigations occurring on <ABC Company>'s sites/projects shall be submitted to <ABC Company> immediately.
- A copy of all Toolbox Meetings conducted will be submitted to the Safety Advisor/Consultant (if applicable).
- A sufficient number of trained first aid personnel are on site as required under the Nova Scotia First Aid Regulations.

CONTRACTOR MANAGEMENT PROGRAM

- Fire extinguishers (5lb. ABC minimum), appropriate first aid kits (as per Nova Scotia First Aid Regulations) and eye wash are provided to my employees, inspected and maintained where required.
- All Personal Protective Equipment shall be used, maintained and inspected according to the manufacturer's specifications.
- My employees abide by the Nova Scotia Occupational Health and Safety Act and Regulations and other Codes of Practice that apply to our work. A copy of these will be available at the site/project for my employee's reference.
- A copy of all Safety Data Sheets on any hazardous/controlled product and/or materials used by my employees will be readily available on the site/project.
- Only tools and/or equipment that are in good working order will be used on site.
- The name(s) of our safety representative and alternate(s) or Joint Occupational Health and Safety Committee members are known to all employees as required (if applicable).
- My employees cooperate as requested by <ABC Company>'s Safety Advisor/Consultant or any other person associated with <ABC Company> that raises a safety concern to the employees on site.
- All employees will fully cooperate with any Department of Labour personnel that visit our sites.
- Any Subcontractors I may hire to perform the work that my company has contracted with <ABC Company> will comply with all terms and conditions of <ABC Company>'s Company Safety Program. It is solely my responsibility to ensure they are in compliance, and I will provide any required documentation (i.e., training), as requested by <ABC Company>. I will also ensure they complete the <ABC Company> Contractor Orientation.

I hereby acknowledge that I have read and will abide by the above noted Contractor Safety Agreement requirements:

Contractor Authorized Signature

Date

CONTRACTOR MANAGEMENT PROGRAM

CONTRACTOR ACCOUNTING AND SAFETY INFORMATION FORM

Contractor Name:	_____		
Trade:	_____		
Business Contact Name:	_____		
Mailing Address:	_____		
City:	_____ Province:	_____ Postal Code:	_____
Phone Number:	_____ Cell Number:	_____	
Email:	_____ Fax Number:	_____	
HST No.:	_____ WCB No.:	_____	
Insurance Company:	_____ Policy No.:	_____	
Emergency Contact Name:	_____		
Email:	_____		
Cell Number:	_____ Office Number:	_____	
Company Representative Name:	_____		
Email:	_____		
Cell Number:	_____ Office Number:	_____	

<1> Please note: Invoices and payments will not be processed unless this form is completed in its entirety and all requested/applicable documentation has been received. There will be no exceptions.

<2> Please note: Work is not permitted on our sites unless this form is completed in its entirety, a completed Safety Agreement has been submitted and all requested/applicable documentation has been received. There will be no exceptions.

<3> Please be advised that all employees/contractors working for the Contractor must adhere to <ABC Company>'s Rules and all applicable training must be received before individuals can work on our sites.

CONTRACTOR MANAGEMENT PROGRAM

CONTRACTOR ORIENTATION

(To be completed and signed off by all employees/subcontractors working on <ABC COMPANY> sites.)

Contractor Company Name: _____

Orientation Facilitator: _____

Date: _____

Orientation Topics	Reviewed (please initial)
Follow applicable NS Legislation and Regulations	
<ABC's> Company Rules	
<ABC's> Substance Use Policy	
<ABC's> Harassment Policy	
Personal Protective Equipment is required on sites as per the applicable hazards present or as per manufacturer specifications (refer to company rules) In addition, the following is mandatory: CSA Approved safety footwear/boots for all workers on our sites. <i>Continue list as applicable to your company's requirements.</i>	
All workers have a responsibility to: <ul style="list-style-type: none"> • Address hazardous conditions and /or report them to ABC's <i>site supervisor</i> • Report all near misses/accidents/incidents immediately to ABC's <i>site supervisor</i> • Share the responsibility to keep the worksite and people on it safe 	
<ABC's> Site Emergency Procedures: In the event of an emergency – All workers shall meet at the Muster Point. Location:	
EMERGENCY PROCEDURE GUIDELINES	
1. TAKE COMMAND	Assign the following duties to specific personnel, where possible.
2. PROVIDE PROTECTION	Protect the accident scene from continuing or further hazards.
3. ADMINISTER FIRST AID	Give first aid to the injured as soon as possible (if current training in place).
4. CALL 911	CALL 911
5. GUIDE THE EMERGENCY PERSONNEL	Meet and direct emergency personnel to applicable location.
6. GET NAME OF HOSPITAL (if applicable).	For follow-up, find out where the injured is being taken.
7. ADVISE MANAGEMENT	Inform the ABC Site Supervisor. They will (<i>contact relatives, authorities and</i>) start the reporting and accident investigation procedures.

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CONTRACTOR MANAGEMENT PROGRAM

8. ISOLATE THE SCENE	Barricade, rope off or post a guard at the scene to make sure that nothing is moved or changed until authorities have completed their investigation.
9. GATHER INFORMATION	Attempt to gather details about the near miss/accident/incident for reports.

EMERGENCY TELEPHONE NUMBERS

Ambulance
911

Police
General Inquiries 902-490-5016 or 911

Fire Department
911

Halifax Regional Water Commission
902-490-4820

Nova Scotia Power
902-428-6230

Department of Environment & Labour
1-800-952-2687

Emergency Measures Organization
902-424-5620

Poison Control
902-428-8161

<ABC Company>'s EMERGENCY RESPONSE TEAM

Name	Position	Contact Number(s)

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CONTRACTOR MANAGEMENT PROGRAM

CONTRACTOR EMPLOYEE ORIENTATION SIGN OFF SHEET

PRINT NAME (CLEARLY)	SIGNATURE	DATE

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