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.

It is required of all service providers working with ABC Company 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 Service Provider Declaration and Safety Agreement*

*Safety Certification and/or Construction Safety NS - Letter of Good Standing*

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I will submit/maintain the following as required:

|  |  |
| --- | --- |
| Annual/site specific | **Hazard Assessments** |
| As applicable | **Near Miss/Incident/Accident Reports** |

At all times, the Service Provider 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.

**\*\*\*OPTION FOR SOME COMPANIES….***I understand that failure to submit the required documentation will result in holdback of payment for invoices received.*

Acknowledged by:

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

Service Provider Authorized Print/Signature

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

Service Provider Company Name Date

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

**Service Provider Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety is a top priority to ABC Company. A Company Safety Program has been implemented and is applicable to all Service Providers 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 Service Provider prior to commencing work on any project under the control of ABC Company. ABC Company values the work of its Service Providers.

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

As a Service Provider with ABC Company, you will be required to comply with the Nova Scotia Occupational Health and Safety Act and all regulations make 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 Service Provider.

**AS A SERVICE PROVIDER 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 Service Provider 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.
* 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 Service Provider Orientation.

**I hereby acknowledge that I have read and will abide by the above noted Service Provider Safety Agreement requirements.**

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Service Provider Authorized Signature Date

**SERVICE PROVIDER ACCOUNTING AND SAFETY INFORMATION FORM**

Service Provider 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.**

**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.**

**Please be advised that all employees/contractors working for the Service Provider must adhere to ABC Company’s Rules and all applicable training must be received before individuals can work on our sites.**

**SERVICE PROVIDER ORIENTATION**

*(To be completed and signed off by all employees working on our sites)*

Service Provider Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Orientation Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **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.  *Continue list as applicable to your company’s requirements.* | |  |
| All workers have a responsibility to:   * Address hazardous conditions and /or report them to ABC’s *site supervisor* * Report all near misses/accidents/incidents immediately to ABC’s *site supervisor* * 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 *(identify location)*. | |  |
| **EMERGENCY PROCEDURE GUIDELINES** | | |
| 1. **TAKE COMMAND** | Assign the following duties to specific personnel (where possible). | |
| 1. **PROVIDE PROTECTION** | Protect the accident scene from continuing or further hazards. | |
| 1. **ADMINISTER FIRST AID** | Give first aid to the injured as soon as possible (if current training in place). | |
| 1. **CALL 911** | CALL 911 | |
| 1. **GUIDE THE EMERGENCY PERSONNEL** | Meet and direct emergency personnel to applicable location. | |
| 1. **GET NAME OF HOSPITAL (if applicable).** | For follow-up, find out where the injured is being taken. | |
| 1. **ADVISE MANAGEMENT** | Inform the ABC Site Supervisor. Theywill *(contact relatives, authorities and)* start the reporting and accident investigation procedures. | |
| 1. **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. | |
| 1. **GATHER INFORMATION** | Attempt to gather details about the near miss/accident/incident for reports. | |

**EMERGENCY TELELPHONE 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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**SERVICE PROVIDER EMPLOYEE ORIENTATION SIGN OFF SHEET**

|  |  |  |
| --- | --- | --- |
| **PRINT NAME (CLEARLY)** | **SIGNATURE** | **DATE** |
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