

**Cloverdale Sport & Ice Complex  
Health, Safety & Environment Competence Questionnaire**

<b>Name of Subcontractor:</b>			
<b>Address:</b>			
<b>Contact Name(s):</b>	<b>Phone:</b>	<b>Email:</b>	
<b>Services Provided:</b>			
<b>1. Does your company have a Safety Program?</b> <u>Does it include:</u>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) General Safety Policies		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Hazard Assessment Policy/Procedures		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Safe Operating Practices		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Job Procedures		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Rules & Regulations		<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Personal Protective Equipment Policy		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Maintenance Policy/Procedures		<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Training Policies		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Inspection Policies & Information		<input type="checkbox"/> Yes	<input type="checkbox"/> No
j) Incident Investigation Policies & Information		<input type="checkbox"/> Yes	<input type="checkbox"/> No
k) Emergency Provisions		<input type="checkbox"/> Yes	<input type="checkbox"/> No
l) Reports & Management Information		<input type="checkbox"/> Yes	<input type="checkbox"/> No
m) Environmental Policy		<input type="checkbox"/> Yes	<input type="checkbox"/> No
n) HSE Meetings/Tailgate Meetings		<input type="checkbox"/> Yes	<input type="checkbox"/> No
o) FLRA/Hazard Recognition Program		<input type="checkbox"/> Yes	<input type="checkbox"/> No
p) Behavior Based Safety Program		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Does your company have a COR or SECOR? Expiry Date:</b> <input type="text"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Does your company have a WCB account?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. Does your company have a program to provide training for new / young workers? (as per OHS reg. sect. 3.23)</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. Has your company had any fatalities in the last 3 years?</b> If Yes, # of incidents <input type="text"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. Has your company had any LTI's in the last 3 years?</b> If Yes, # of incidents <input type="text"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. Total Recordable Injury Frequency Calculation: <math>TRIF = \frac{(\# \text{ Med. Aid} + \# \text{ Lost Time Injury}) \times 200,000}{\text{Exposure Hours (Field)}}</math></b> TRIF for last 3 years: 2018 <input type="text"/> 2019 <input type="text"/> 2020 <input type="text"/>			
<b>8. Does your company have a minimum of \$5 million liability insurance?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information in this document was provided by:

Name:  Signed: \_\_\_\_\_ Date:

Title: