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| --- | --- |
| **Name of Subcontractor:** |  |
| **Address:**  |  |
| **Contact Name(s):** | **Phone:** | **Email:** |
| **Services Provided:** |
| **1. Does your company have a Safety Program?** ***Does it include:***a) General Safety Policiesb) Hazard Assessment Policy/Proceduresc) Safe Operating Practicesd) Job Procedurese) Rules & Regulationsf) Personal Protective Equipment Policyg) Maintenance Policy/Proceduresh) Training Policiesi) Inspection Policies & Informationj) Incident Investigation Policies & Informationk) Emergency Provisionsl) Reports & Management Informationm) Environmental Policyn) HSE Meetings/Tailgate Meetingso) FLRA/Hazard Recognition Programp) Behavior Based Safety Program | [ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes**[ ]  **Yes** | [ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No**[ ]  **No** |
| **2. Does your company have a COR or SECOR? Expiry Date:**  | [ ]  **Yes** | [ ]  **No** |
| **3. Does your company have a WCB account?** | [ ]  **Yes** | [ ]  **No** |
| **4. Does your company have a program to provide training for new / young workers? (as per OHS reg. sect. 3.23)** | [ ]  **Yes** | [ ]  **No** |
| **5. Has your company had any fatalities in the last 3 years?**If Yes, # of incidents | [ ]  **Yes** | [ ]  **No** |
| **6. Has your company had any LTI’s in the last 3 years?**If Yes, # of incidents | [ ]  **Yes** | [ ]  **No** |
| **7. Total Recordable Injury Frequency Calculation: TRIF =** (# Med. Aid + # Lost Time Injury) x 200,000 Exposure Hours (Field) **TRIF for last 3 years: 2018 2019 2020** |
| **8. Does your company have a minimum of $5 million liability insurance?** | [ ]  **Yes** | [ ]  **No** |

**The information in this document was provided by:**

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

**Title:**