

Sub-Contractor Safety Program Evaluation

		Date of Evaluation: (Year/Month/Day)			
Contractor Name:					
Address:					
City:		Province:			
Postal Code:		Telephone Number:			
Contact:					
WorkSafeBC Account Number:					
Clearance Letter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Obtained: (Year/Month/Day)		
COR Certified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If certified, date of certification (Year/Month/Day):		
Safety Program Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Safety Program Elements:		Element Present	Element Missing		
1. A statement of the employer's safety program aims and the safety responsibilities of the employer, supervisors and workers. The written policy should be signed by the CEO or senior manager on-site. It should be dated and reviewed annually.		<input type="checkbox"/>	<input type="checkbox"/>		
2. Process to conduct regular inspections of premises, equipment, work methods and work practices.		<input type="checkbox"/>	<input type="checkbox"/>		
3. Appropriate written instructions available to workers to supplement the OH&S Regulation.		<input type="checkbox"/>	<input type="checkbox"/>		
4. Periodic management meetings for the purpose of reviewing health and safety activities and incident trends, and for the determination of necessary courses of action.		<input type="checkbox"/>	<input type="checkbox"/>		
5. Process to conduct the investigation of incidents to determine the action necessary to prevent their recurrence.		<input type="checkbox"/>	<input type="checkbox"/>		
6. Records and statistics, including reports of inspections and incident investigations, with provision for making this information available to the joint committee or worker health and safety representative.		<input type="checkbox"/>	<input type="checkbox"/>		
7. Description of methods for the instruction and supervision of workers in the safe performance of their work.		<input type="checkbox"/>	<input type="checkbox"/>		

Sub-Contractor Safety Program Evaluation

Safety Program Elements:	Element Present	Element Missing
8. Emergency Preparedness Program including fire and first aid.	<input type="checkbox"/>	<input type="checkbox"/>
9. Joint Health and Safety Committee or Safety Representative	<input type="checkbox"/>	<input type="checkbox"/>
10. WHMIS Compliance Program	<input type="checkbox"/>	<input type="checkbox"/>
11 Safety Program Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>
12. Bullying and Harassment Policy Signed and dated by the CEO or owner of the company.	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:	Describe what is being done:
Are workers provided with a safety program orientation to the sub-contractor's safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there records of workers being provided with a safety program orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When are workers provided with safety program orientation to the sub-contractor's safety program?	
Does the sub-contractor have a program to qualify and authorize workers to operate equipment and specialty tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the sub-contractor provide copies of the current applicable training certifications held by the company's workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the designated worker safety representative?	
Who manages the safety program for the sub-contractor?	
Does the sub-contractor have written Job Hazard Analysis and Safe Work procedures specific for the work to be done on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sub-Contractor has a policy to require all workers to attend a site orientation prior to commencing work on the site.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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High-Risk Work:

Will the sub-contractor be performing any of the following high-risk work activities?

- Working within 2 m (6.5 feet) of the minimum approach limit for high voltage electrical conductors. (High voltage is voltage greater than 750 volts.)
- Working in a trench more than 1.2 m (4 feet) in depth.
- Lifting a load with a crane greater than 75% of the crane capacity.
- Working with a fall height of 3 m (10 feet) or greater.
- Working at a height of greater than 7.5 m (25 feet).
- Working with hot materials.
- Working with open flames.
- Working with flammable materials with a flashpoint below 37.8°C (100° F)
- Performing work that could create silica dust.
- Lockout required for Equipment and Machinery.

Tools and Equipment to be Operated:

Select each tool or equipment to be operated:

<input type="checkbox"/>	Power Drill	<input type="checkbox"/>	Pipe Threading Equipment
<input type="checkbox"/>	Hammer Drill	<input type="checkbox"/>	Pipe Bending Equipment
<input type="checkbox"/>	Skill Saw	<input type="checkbox"/>	Rebar Bending Equipment
<input type="checkbox"/>	Table Saw	<input type="checkbox"/>	Arc Welding
<input type="checkbox"/>	Chop Saw	<input type="checkbox"/>	Soldering or gas welding
<input type="checkbox"/>	Jig Saw	<input type="checkbox"/>	Tiger Torch
<input type="checkbox"/>	Grinder	<input type="checkbox"/>	Skid Steer Loader
<input type="checkbox"/>	Power Actuated Tool (Hilti-type)	<input type="checkbox"/>	Telescopic All-terrain Forklift
<input type="checkbox"/>	Extension Ladder	<input type="checkbox"/>	Backhoe
<input type="checkbox"/>	Straight Ladder	<input type="checkbox"/>	Excavator
<input type="checkbox"/>	Step Ladder	<input type="checkbox"/>	Mobile Truck Mounted Crane
<input type="checkbox"/>	Scaffold	<input type="checkbox"/>	Mobile Crane
<input type="checkbox"/>	Rigging for Lifting	<input type="checkbox"/>	Tower Crane
<input type="checkbox"/>	List Additional Equipment:	<input type="checkbox"/>	Other Mobile Equipment (describe):
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

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Hearing Testing:	Describe what is being done:
Does the sub-contractor have current (in the last 12 months) hearing test results for the workers being assigned to this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When does the sub-contractor require the annual hearing testing to be updated?	

Identified Best Practices:
