



Pre-Start Checklist

Contractor Name:	
Tender / Bid #:	

Pre-Start Checklist Elements	Reviewed	
	Yes	N/A
1. Contractor has been provided and has reviewed the Corporation's Health and Safety Policy and relevant Safe Work Standards.	<input type="checkbox"/>	<input type="checkbox"/>
2. Contractor provides written acknowledgement that all employees – current and future - assigned to work on the project have completed the Corporation's Health and Safety orientation and provide proof of sign-off.	<input type="checkbox"/>	<input type="checkbox"/>
3. Any critical injuries, fatalities, Ministry of Labour orders, TSSA fines or suspensions, utility fines or suspensions since pre-qualification	<input type="checkbox"/>	<input type="checkbox"/>
4. Contractor will ensure mandatory employee training/certification remains current during the term of the project. (e.g. WAH, WHMIS, etc..)	<input type="checkbox"/>	<input type="checkbox"/>
5. Contractor will provide the Corporation with a copy of the Ministry of Labour -Notice of Project - Form 1000 before commencement, where applicable.	<input type="checkbox"/>	<input type="checkbox"/>
6. Contractor will provide the Corporation with valid WSIB Clearance Certificate and Certificate of Insurance with the Corporation named as a certificate holder and additional insured, prior to commencing the job/project.	<input type="checkbox"/>	<input type="checkbox"/>
7. Contractor is responsible to ensure all necessary documentations, certifications and forms are on-site for the duration of the project, either physical copy or electronically, which may include Notice of Project – Form 1000, Traffic Layout Plans, Confined Space Permits, Toolbox Talks, Hazard Assessments, etc.	<input type="checkbox"/>	<input type="checkbox"/>
8. Contractor is responsible for having a Health & Safety Board (or Notice Board) posted in a centralized, visible location that is easily accessible by workers at a construction site/project. Board Requirements: <ul style="list-style-type: none"> • <u>Less than 5 workers</u>: (OHSa-Green Book, MOL - Prevention Poster, WSIB – In Case of Injury poster, Emergency info - addresses & contacts, First Aid Regulations - first aiders and location of kit, & Notice of Project - Form 1000 and nearest Ministry of Labour office - address and number) • <u>6-19 Workers</u>: Same as above plus – Health & Safety policy, Violence & Harassment policies, written emergency response plan, SDS for hazardous materials, and name of health & safety rep. on-site. • <u>20+ Workers</u>: where project is expected to last more than 3 months same as above plus – First Aiders certificates, inspection reports, JHSC members names to be posted and AED to be on-site. 	<input type="checkbox"/>	<input type="checkbox"/>

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<p>9. Contractor must post and make available at a project a written Emergency Response Plan that includes: evacuation procedures & routes, designated assembly areas, emergency contact & numbers, trained first aiders, closest hospital with address and directions, location of first aid kits, fire extinguishers, specialized rescue equipment, hazard assessment of potential emergencies (e.g. fire, chemical spills, gas leaks, etc.)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Contractor shall inform the Corporation of any government inspections (Ministry of Labour, Ministry of Environment, TSSA, etc.) and any resulting orders and/or charges that may have occurred during the work/project.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Contractor must investigate any incident resulting in an injury/illness, lost time or medical/health care and notify the Corporation's Project Manager and submit an incident report within 24 hours of the incident. Note: If a Critical Injury or Fatality occurs, immediately notify the Corporation's Project Manager and contact the Corporation's Health & Safety Specialist at 289-321-2184</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Contractor confirms that all skilled trades on-site have valid certifications/designations, where required.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. Contractor confirms that all vehicles and equipment operators are deemed competent and are properly licensed and/or certified.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Contractor is responsible for ensuring that only the required personnel are allowed on-site (e.g. no one under the age of 16 is allowed on a construction site/project), all workers are deemed competent and wear the appropriate PPE.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Contractor will appoint a competent person as a supervisor, when 5 or more workers are on a project, and shall supervise the work at all times.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Contractor confirms that all vehicles and equipment to be used on the project meet all regulatory safety requirements, are properly licensed and insured.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. Designated Substances: if a Designated Substance is discovered in the course of the project, that was not known or presented to you by a Corporation's official prior to commencing work, please stop work immediately and notify the Corporation's Project Manager.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. If any equipment, device or activity generates a Hazardous Atmosphere (e.g. fire, toxic, nuisance, dust or odours) or a Physical Hazard (e.g. noise, heat, vibration, radiation) will not be carried out on, near or within the confines of any of the Corporation's building/workplace, without the appropriate control measures and safeguards in place and <i>not without prior, signed authorization from the Corporation's representative.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>



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List any **Designated Substances** to be used on this job and indicate whether you have:

- Provided training for your employees and how often:
and
- Have a written procedure in place.

Designated Substance	Training			Procedure	
	Yes	No	How Often?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

In addition to a CSA approved High Visibility Vest, and Head & Foot protection, indicate the PPE that you will require your employees to wear and/or use on-site. Check "N/A" if not applicable to this job.

Personal Protective Equipment	N/A	Yes	No
Anti-Shock Insulated Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Visibility Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection (specify type):			
Other (please list):			



Pre-Start Checklist

If you plan to Sub-Contract any work/task, describe the Work and Name of the intended Subcontractor(s)

Type of Work	Name of Subcontractor

Additional page(s) attached

The undersigned contractor/subcontractor acknowledges and represents that the information set out in this form is accurate as of the date of signing. The undersigned contractor/subcontractor further acknowledges that it has continuing health and safety obligations during the project.

Town of Fort Erie	_____	_____
	Signature Name (Print):	Date
Contract Administrator	_____	_____
	Signature Name: (Print):	Date
Constructor	_____	_____
	Signature Name: (Print):	Date
Sub-Contractor	_____	_____
	Signature Name: (Print):	Date

Form Distribution

- Original: Project Manager, Town of Fort Erie
- Copy: Contract Administrator (if applicable)
Health & Safety, Town of Fort Erie
Manager, Procurement & Finance, Town of Fort Erie
Sub-Contractor(s)