

Bidder's Safety Checklist

All Contractors Must Complete This Form Prior to Commencement of ANY Work

Section 1: Contractor Information			
Company Name:	Business Activity:		
Name of Company Representative:			
# of Employees (Full & Part-Time):	Tender / Bid #:	User Department:	
Section 2: Safety & Insurance			
Please do not move on to the next section without providing the following documents:			
WSIB Clearance Certificate or Proof of Independent Operator Status (submit)			
WSIB Workplace Injury Summary Report (WISR) (submit most recent)			
Liability Insurance – Please provide a copy of a valid Liability Insurance certificate with a minimum \$5 million premium and The Corporation of the Town of Fort Erie is named as a Certificate Holder and Additional Insured. (Please refer to solicitation documents and/or contract for full insurance requirements)			
	Yes	No	
Has any Fatalities or Critical Injuries occurred in the last 3 years? (If yes, provide report)	<input type="checkbox"/>	<input type="checkbox"/>	
Has the company received any Ministry of Labour, Immigration, Training and Skills Development Safety-Related Orders, Prosecutions, Charges or Fines in the last 3 years? (If yes, provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	
Any fines or suspensions from TSSA in the last 3 years? (If yes, provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	
Any fines or suspensions from a utility company in the last 3 years? (If yes, provide copy)	<input type="checkbox"/>	<input type="checkbox"/>	
Has the company worked for the Town before? (If yes, please indicate # of years) #_____	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3: Safety Accreditation Management System		Yes	No
Does the company have an accredited Safety Management System in place? If you do not have accreditation, please move to Section 4 to section 4.		<input type="checkbox"/>	<input type="checkbox"/>
Please indicate which accreditation you have, which organization are you accredited through and attach the accreditation certificate when submitting this document: COR® (IHSA) _____ CSA Z45001 _____ ISO45001:2018 _____ Other: _____ (Please note: WSIB Excellence Program is NOT an accredited program)			
Date accreditation was received: _____		Expiry date of accreditation: _____	
Skip to Section 6 – Authorization & Signature			

Bidder's Safety Checklist

Section 4: Health & Safety General - Please do not move on to the next section without providing the following documents	Yes	No
Does the company have a current Health & Safety Policy? <i>(If yes, provide policy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a Health & Safety Program in place? <i>(If yes, provide program)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a current Violence Policy & Program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a current Harassment Policy & Program?	<input type="checkbox"/>	<input type="checkbox"/>
Have all employees been trained in Violence & Harassment in the last year, and understand that Violence & Harassment will not be tolerated at the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Program include reviewing the Subcontractor's Safety Record?	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a trained Health and Safety Representative or a certified JHSC committee?	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a Safety Infraction Discipline Policy that is communicated to all employees? <i>(If yes, please provide a copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 (a): Health and Safety Training and Procedures - Please do not move on to the next section without providing the following documents	Yes	No
Have the Workers and Supervisors completed the mandatory Ministry of Labour (MLITSD), Health and Safety Awareness Training? <i>(e.g. 4-Step Worker Awareness, 5-Step Supervisor Awareness)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If yes – Please submit proof of the MLITSD Safety Awareness Training	<input type="checkbox"/>	<input type="checkbox"/>
Are any Supervisors trained in “Supervisory Competency” Training <i>(e.g. IHSA Basic Supervision, or equivalent)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If yes - Please submit copies as proof of the Supervisory Competency Training	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have written Job Safety Analysis (JSA's) or equivalent, for each daily job task?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers instructed on the JSA and signed off before the start of each task?	<input type="checkbox"/>	<input type="checkbox"/>
If yes – Please submit proof of a signed JSA or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Do workers receive/participate and sign-off on a toolbox talk or equivalent at least weekly?	<input type="checkbox"/>	<input type="checkbox"/>
If yes – Please submit a completed copy of the most recent toolbox talk or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Please submit all copies of the most recent mandatory safety training: (e.g. WHMIS, Working at Heights, First Aid/CPR, etc...)	<input type="checkbox"/>	<input type="checkbox"/>

Bidder's Safety Checklist

5 (b). For each of the following topics, indicate what health & safety training has been provided to the employees and indicate how often, and whether written procedures are in place.

Please submit any required certificates that pertain to the scope of the work being performed

("N/A" means not applicable)

Mandatory Safety Topic	N/A	Training			Procedure	
		Yes	No	How often?	Yes	No
Competent Supervision (IHSA or equivalent)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Driver Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Accident/Incident Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lifting (Manual / Mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Machine Guarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
WHMIS		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
WHMIS - Annual Review		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Job-Specific	N/A	Training			Procedure	
		Yes	No	How Often?	Yes	No
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Crane / Rigging Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mobile Elevated Work Platforms (MEWP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Forklift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fuel Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ladder Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Lockout / Tag out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Rescue / Retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Traffic Control / Book 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Transportation of Dangerous Goods (TDG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Trenching / Shoring / Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Welding or Cutting (Hot Work Permit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>



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Section 6: Authorization & Signature

The Town of Fort Erie reserves the right to request additional documentation to verify content noted above.

The undersigned certifies that they have the legal and binding authority to sign on behalf of the company, whether as a contractor or subcontractor, and hereby acknowledges and represents that the information provided in this form is true and accurate as of the date of signing. The undersigned further agrees to promptly notify The Corporation of the Town of Fort Erie of any changes to this information.

Kindly ensure a witness signs to verify this declaration.

Dated at this _____ day of _____, 20_____.

Name of Witness (Print)	Name & Title of Authorized Contractor Rep. (Print)
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Signature of Witness	Signature of Authorized Contractor Rep.
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Form Distribution

Original: Project Manager, Town of Fort Erie
Health & Safety, Town of Fort Erie

Copy: Contract Administrator (if applicable)
Manager, Procurement, Town of Fort Erie
Contractor