

Managing Contractors: Model Contractor Health & Safety Pre-Qualification Questionnaire



MODEL CONTRACTOR HEALTH & SAFETY PRE-QUALIFICATION QUESTIONNAIRE

THE PROBLEM: As if ensuring that your own personnel work in compliance with OHS rules wasn't tough enough, OHS laws also make you responsible for violations committed by the contractors you hire to work at your site.

HOW TOOL HELPS SOLVE THE PROBLEM: The key to managing these liability risks is to make health and safety performance an essential element in your contractor screening and pre-qualification process. One effective strategy is to require bidding contractors to complete a health and safety questionnaire and use the results to screen out bidders with subpar credentials. Here's a template you can adapt based on your own circumstances, including the type of work involved and OHS regulatory requirements that apply. Also be careful not to rely exclusively on the information the bidding contractor supplies. To evaluate a contractor's health and safety qualifications, you also need to do some digging of your own.

ABC COMPANY CONTRACTOR H&S PRE-QUALIFICATION QUESTIONNAIRE

INSTRUCTIONS: Contractors wishing to bid for jobs to be performed at ABC Company work sites and facilities must complete this Questionnaire and submit it to the ABC Company EHS Coordinator prior to submitting their bids.

1. GENERAL INFORMATION:

Contractor Name: _____

Address/Phone: _____

1. **INSURANCE/WORKERS' COMPENSATION**

2. Attach documents demonstrating your coverage for damages to and incidents involving third parties including general liability insurance, automotive, umbrella policies, etc.
3. Is your company in good standing under the Workers' Compensation Board or authority of each jurisdiction in which it performs work' **[yes/no boxes]** If no, please explain.

3. Attach clearance letters, letters of good standing, rate sheets or other documents demonstrating proof of good standing under Workers' Compensation for each jurisdiction.

4. **HEALTH & SAFETY PERFORMANCE**

5. Please fill in the below charts for last year and previous 3 years with regard to your employees.

- *Hrs = Total hours worked*
- *F = Fatalities*
- *LTI = Lost time injuries ' a worker misses at least one day of work due to a work related injury*
- *LTF= Lost Time Frequency (Frequency = # of incidents x 200,000, divided by hours worked)*
- *TR = Total Recordable (medical aid+restricted duty+LTI)*
- *TRF = Total Recordable Frequency (Frequency = # of recordable incidents x 200,000, divided by hours worked)*
- *VI ' Vehicle Incidents (work-related incidents which involve a worker-used vehicle on any roadway and which result in damages excluding normal wear and tear)*
- *Kms = Total Kilometers Driven*

Year	Hrs	F	LTI	LTF	TR	TRF	VI	Kms

2. Has your company received any OHS stop-work orders, charges, convictions or fines in the past 3 years' **[Yes/No boxes]** If yes, please attach a note explaining the details, including current status or resolution.

3. **HEALTH & SAFETY PROGRAM**

4. Does your company have a written health and safety policy signed by management' **[yes/no boxes]** Please attach.
5. Does your company have written safety policies and procedures, including clearly defined safety responsibilities for managers, supervisors and workers' **[Yes/No]** Please attach.
6. How do you communicate your safety policies and procedures'
7. How often do managers/executives visit the worksite' Provide details.
8. Please attach a description of your on-site inspection program, including how often inspections are conducted, what they cover and who conducts them.
9. Please attach a description of your risk assessment procedures.
10. Please attach a description of your incident reporting and investigation procedures, including how near misses are reported.
11. Please attach a list of the names and qualifications of all supervisors you use to oversee work.
12. Do you provide on-the-job training to all workers' **[Yes/No]** Please attach a description of your health and safety training program, including how often

training is provided, in what format, topics covered, (e.g., housekeeping, lockout, emergency response, etc.), who provides training, etc.

13. Please attach a description of how you notify workers of job-specific hazards.
14. Do you discipline workers for committing health and safety violations' [Yes/No] Please describe.
15. Please attach a description of your health and safety committee/representative (or an explanation of why you don't have one), including its activities, frequency of meetings, etc.
16. Do you have a preventive maintenance program for tools and machinery'
17. Please attach a description of how you incorporate subcontractors' workers into your health and safety training and other programs.
18. Please attach a description of other programs, activities or information that you believe demonstrates that your company carries out its projects safely and in accordance with all health and safety requirements.

Name of Contractor's Safety Coordinator: _____

Contact Information: _____

Date: _____

Signature: _____