

### 5.3. Appendix 3 - Contractor Health & Safety Self-Assessment

**CONTRACTOR HEALTH & SAFETY SELF ASSESSMENT** - Must be submitted (2 weeks before the start of the project).

The following requirements must be met to work at the University; hence, all questions must be answered with Yes (Y) No (N) or Not Applicable (N/A).

*To be completed at least every two years, or more frequently, should circumstances change*

Contractor Business Name			
Contractor Representative		Contact Info	

**\*\*PLEASE ENSURE ALL SECTIONS ARE COMPLETED\*\***

#### Service Information

What services will you provide to Carleton University? (Select ALL that apply.)

Abatement Service	<input type="checkbox"/>	Delivery and rigging of heavy equipment	<input type="checkbox"/>	
Confined Space Entry/Rescue	<input type="checkbox"/>	Pest removal and control	<input type="checkbox"/>	
Hazardous Waste	<input type="checkbox"/>	Roofing installation/maintenance	<input type="checkbox"/>	
Plumbing Repairs	<input type="checkbox"/>	Millwright services	<input type="checkbox"/>	
Duct Cleaning	<input type="checkbox"/>	Inspections	<input type="checkbox"/>	
Emergency spill response	<input type="checkbox"/>			
HVAC Service	<input type="checkbox"/>			
General/Prime contractor	<input type="checkbox"/>			
Other (please describe)				

Occupational Health and Safety Performance			
Is your company COR/ISO 45001 Certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has your company been fined or received/pending prosecution for Health & Safety violations in the last 3 years?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Occupational Health and Safety Programs			
Do you have a Health & Safety policy that is reviewed and updated on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does your company ensure supervisors are "competent persons" as defined by the Occupational Health and Safety Act? "Competent person" means a person who a) is qualified because	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

of knowledge, training, and experience to organize the work and its performance, b) is familiar with this Act and the regulations that apply to the work, and c) has knowledge of any potential or actual danger to health or safety in the workplace			
<b>Do procedures/programs exist for the following Health &amp; Safety areas:</b>			
Chemical Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Emergency Response & First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Energized Equipment Lockout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Harassment & Violence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hazard Assessment & Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hot Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Incident Reporting & Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Personal Protective Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Powered Lifting Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Field level risk assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Working at Heights	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Workplace Inspections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Training</b>			
Is there a program that ensures employees are trained to perform their tasks/jobs safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are training records available for all training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have a specific Health & Safety training program for supervisors and managers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Subcontractor Management – Please only complete if you use subcontractors</b>			
Does your company have a Contractor Management program in place that includes Health & Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Required Additional Information to be Submitted</b>			
Copy of COR/ISO 45001 Certification (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Current copy of Certificate of Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Current copy of a WSIB Clearance Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Current copy of your WSIB Injury Summary Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Copy of the current Health and Safety Policy for the company	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

The Contractor agrees and confirms that the information provided above is true and accurate and deems that their employees are competent to carry out the work

Contractor Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_