



## CONTRACTOR HEALTH & SAFETY INFORMATION REQUEST

Dear Contractor,

Thank you for your interest in working with the Township of East Zorra-Tavistock/County of Oxford. The Township of East Zorra-Tavistock/County of Oxford is committed to working with safe contractors and meeting its obligations under the Occupational Health and Safety Act. To that end, the County has established a Contractor Health & Safety Program which requires a review of your company's health & safety program and information before you are permitted to work for the County.

The first step in completing this process is for you to complete and return to us the attached Contractor Health & Safety Information Form (Form 7.21 B). Once returned, County staff will review the information based on the type of work you specialize in and the contract work that is available. A successful review of your company's health & safety program does not guarantee you will be awarded work. The review is only one element of the County's consideration in granting work contracts which will also include consideration for contractor availability, work quality and cost estimates.

For more information on the County of Oxford's Contractor Health & Safety Program, or questions on how to complete this form, please contact the contract administrator or the County's Health & Safety Coordinator at 519-539-9800, Extension 3153.

Thank you

Mr. Kevin Death, C.E.T.  
K. SMART ASSOCIATES LIMITED  
85 McIntyre Drive  
Kitchener ON N2R 1H6  
(519) 748-1199, Ext 235



## CONTRACTOR HEALTH & SAFETY INFORMATION FORM

GENERAL INFORMATION	
Company/Contractor Name:	
Company/Contractor Address:	
Primary Contact Person's Name:	Phone Number(s):
Description of Services Provided:	
How many years has the company been in business?	
Approximate Date of Work or Ongoing Service:	Oxford County Contact:
Number of employees that work for the company: _____  Names of company representatives that may visit work site (attach additional sheet if required):  _____ _____ _____	

HEALTH AND SAFETY MEASURES & DOCUMENTATION	
1. Does the company have a written Health & Safety Program and Policy? <input type="checkbox"/> No <input type="checkbox"/> Yes  2. If yes, can the company provide verification if requested? Copies may be requested prior to commencement of work. <input type="checkbox"/> No <input type="checkbox"/> Yes  <i>Requirement - The Occupational Health and Safety Act requires employers that regularly employ more than 5 employees to prepare and review at least annually a written occupational health and safety policy and to maintain a program to implement that policy.</i>	<i>Office Use Only / Staff Comments</i>
3. Does the company have a Joint Health & Safety Committee and/or Health & Safety Representative? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<p>4. If yes, can the company provide verification (i.e. Committee meeting minutes, member WSIB certification records etc.) if requested? Copies may be requested prior to commencement of work.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>Requirement - The Occupational Health and Safety Act requires employers that regularly employ between 6-19 employees to have a health &amp; safety representative. Employers with 20 or more employees are required to have a Joint Health &amp; Safety Committee.</i></p>	<p>Office Use Only / Staff Comments</p>
<p>5. Is the company registered with WSIB?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please provide a copy of the company's WSIB clearance certificate (valid for 90 days).</p> <p><i>Requirement - Most businesses in Ontario that employ workers (including family members and sub-contractors) must register with the WSIB. Some exemptions do exist.</i></p>	<p>WSIB Clearance Certificate attached</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>6. If the company is registered with WSIB, please also provide a copy of the company's most recent WSIB Workplace Injury Summary Report or Experience Rating Statement (i.e. NEER, CAD-7 or MAP).</p>	<p>WSIB Workplace Injury Summary Report or Experience Rating Statement attached</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>7. Is the company certified to any Quality, Management or Safety Systems Standard (e.g. ISO 9001, ISO 14001, OHSAS 18001 etc)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>8. If yes, can the company provide verification of the certification if requested? Copies may be requested prior to commencement of work, if applicable.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>9. Is there skilled trades who will be conducting work (e.g. Electrician, Welder, Plumber etc.)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>10. If yes, can the company provide verification of trade licenses if requested? Copies may be requested prior to commencement of work.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>11. Will the company be conducting any high-risk work (e.g. confined space entry, working at heights, asbestos abatement, trenching &amp; excavating) in relation to the work you may provide the County?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>12. If yes, can the company provide a written safety plan, policies or procedures related to the high-risk work they may be conducting for the County if requested? Copies may be requested prior to commencement of work.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

<p>13. Has the company provided employees with health &amp; safety related training specifically in relation to the type of high-risk work they may be conducting for the County (e.g. confined space entry, asbestos abatement, fall prevention, trenching &amp; excavating etc)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>14. If yes, can the company provide training records to verify this training, if requested? Copies may be requested prior to commencement of work.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>Office Use Only / Staff Comments</i></p>
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**HEALTH & SAFETY PERFORMANCE**

15. Has the company been charged or prosecuted for a workplace health & safety accident, infraction or contravention in the past 3 years?

No  Yes    If yes, provide details (attach additional sheet if necessary):

Office Use Only / Staff Comments

16. Has the company had any workplace related critical injuries or fatalities in the past 3 years?

No  Yes    If yes, provide details (attach additional sheet if necessary):

Office Use Only / Staff Comments

Failure to provide complete and accurate information may result in cancellation of work contracts and other legal action by the County of Oxford. The undersigned hereby acknowledges and represents that the information set out in this form is accurate as of the date of signing.

<b>COMPANY OFFICIAL COMPLETING FORM</b>	
Print Name:	Position:
Signature:	Date: