



### 1.4 Project Information

PROJECT INFORMATION	
Level of Risk: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	Location:
	Project name:
	Project Manager:
Start Date of Project:	End Date of Project:

### 1.5 Site Contact Information

Project Manager (Name, Phone Number and Email):

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### 1.6 Site Safety Coordination

Site Supervisor (Name, Phone Number and Email):

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Site Safety Coordinator (Name, Phone Number and Email):

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### **1.7 Training Certifications**

First Aid Certificates (names, level of first aid):

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### **1.8 Hazard Reporting**

“Insert Company Name Here” follows the procedures and protocols OSHA and State Regulations regarding accident and near miss reporting. Incident and Near Miss report forms will be kept on site and be readily accessible. All incidents and near misses will be reported to the Prime Contractor within 24 hours.

### **1.9 Emergency Contact**

Project Manager (Name, Phone Number and Email):

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Site Supervisor (Name, Phone Number and Email):

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## 2.0 RESPONSIBILITIES

### 2.1 Purpose

“Insert Company Name Here” is committed to ensuring the health and safety of all their employees and contractors, contractors and visitors to their sites. All levels of employees and contractors and contractors have certain responsibilities when it comes to ensuring the health, safety and welfare of themselves and their fellow employees and contractors.

### 2.2 Employer Responsibilities

1. Provide a safe and healthy workplace;
2. Develop, initiate and maintain a comprehensive Occupational Health and Safety Program;
3. Appoint a company Safety Representative;
4. Ensure that regular safety inspections are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
5. Ensure accident/incident investigations are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
6. Ensure all employees and contractors are adequately trained and educated in all company safe work procedures, safe operating procedures and policies;
7. Ensure that regular management and safety meetings are held;
8. Provide personal protective equipment and conduct training in the use and maintenance of such equipment;
9. Maintain safety records, documents and statistics; and
10. Provide First Aid and its facilities.

### 2.3 Supervisor Responsibilities

1. Ensure that all new employees and contractors receive a safety orientation when they start employment with “Insert Company Name Here”;
2. Ensure compliance by all employees and contractors and outside contractors under their supervision with the company’s safe work procedures, safe operating procedures and policies;



## 3.0 SUB-CONTRACTOR REQUIREMENTS

### 3.1 Purpose

It is the contractor's responsibility to ensure that project work is performed in a safe manner, and that it is in compliance with OSHA & State Regulations, any other applicable provincial and/or federal laws and/or regulations, and any "Insert Company Name Here" policies, procedures and other requirements that may apply.

"Insert Company Name Here" expectations are that contractors will train, supervise, and direct their contractors to be mindful of the safety of "Insert Company Name Here" contractors and visitors when performing work on "Insert Company Name Here" premises.

### 3.2 Contractor Safety Programs

1. The Prime Contractor shall have in place a safety program acceptable to OSHA.
2. The implementation of the safety program shall be monitored through monthly safety meetings with the Prime Contractor, contractors and subcontractors.
3. Minutes of these meetings shall be forwarded to "Insert Company Name Here" and posted at the site office for view by the public.
4. The Prime Contractor shall report the following to the "Insert Company Name Here" Project Manager:
  - a. Immediate notification of incidents or near misses that resulted or could have resulted in injuries requiring medical care.
  - b. Results of any accident investigations.
  - c. Safety committee meetings held.
  - d. Inspections performed.

### 3.3 Contractor Site Safety Plan

1. The responsibility for safety shall rest with the Prime Contractor.
2. All contractors and sub-contractors must be registered employers with OSHA and have OSHA injury and disease Insurance for all their workers.



3. The owner will provide the Prime Contractor with any information known to the owner that is necessary to identify and eliminate or control hazards to the health or safety of persons at the workplace.
4. The Owner Representative will deal with issues of non-compliance and apply any consequences directly to the contractor or prime contractor.
5. As a minimum, contractors must:
  - a. Provide any safety documentation necessary to meet “Insert Company Name Here” requirements.
  - b. Be experienced in all phases of the work to be done.
  - c. Ensure their workers on the project are adequately trained in the work procedures to be used.
  - d. Exercise good site safety management

### **3.5 “Insert Company Name Here” Responsibilities**

Our responsibility is to help contractors coordinate health and safety activities by:

- a. Providing contractors with information on all workplace hazards in your work areas;
- b. Ensuring the requirements of the OSHA Regulations are met; and
- c. Ensuring a system is in place to evaluate a contractor’s safety program and safe work procedures, before commencing onsite work (if required).

### **3.6 Coordinating Multiple Employer Workplaces**

Unless otherwise stated, Contractors are primarily responsible for workplace health and safety responsibilities for their workers and their sub-contractors. If there are multiple contractors, two or more, who use the same work area at the same time, then “Insert Company Name Here”, unless assigned to another qualified individual or organization, will assume the coordination responsibilities of the contractor. If any questions regarding this on a jobsite, please contact the building manager or site representative prior to starting work.



## 4.0 GENERAL SITE SAFETY RULES

### 4.1 General Site Safety Rules

1. The following “Insert Company Name Here” health and safety rules must be adhered to at all times when commencing work on their work sites.
2. Please ask the Project Manager if you are unsure or don’t understand any of the written rules or other policies and procedures as per the “Insert Company Name Here” Health and Safety program.
3. All contractors must familiarize themselves with the contents of this policy and acknowledge receipt of this policy prior to starting their employment.
4. Violating safety laws and/or guidelines will be considered a major rule violation and can result in disciplinary action, up to and including discharge.
5. If you are unsure of the proper procedure or the safety hazards, please ask for assistance and/or instructions from your Supervisor.



## **OHS Policy**

1. All contractors must familiarize themselves with the contents of this policy and acknowledge receipt of this policy prior to starting their employment. This policy is located on our safety bulletin board and inside the company vehicles.
2. Violating safety laws and/or guidelines will be considered a major rule violation and can result in disciplinary action, up to and including discharge.
3. If you are unsure of the proper procedure or the safety hazards, please ask for assistance and/or instructions from your Supervisor.

## **Health and Safety Representative**

1. The worker health and safety representative play's an important role in "Insert Company Name Here" OHS program, giving workers a voice in matters relating to workplace health and safety issues.
2. You have the right to access your health and safety representative in regards to any health and safety related issues, concerns or questions.
3. The site location health and safety representative name and contact information will be given to you during your initial orientation session.

## **Supervisor(s) Contact Information**

1. Your supervisors name and contact information will be given to you during your initial orientation session.
2. Please keep this contact information with you at all times.
3. Please ask your Supervisor if you are unsure or don't understand any of the written rules or other OHS related policies and procedures as per the "Insert Company Name Here" Occupational Health and Safety program.

## **Emergency Contact Information**

1. Fire Station: 911
2. Ambulance: 911
3. Police: 911
4. Emergency: 911



## 4.2 SUB-CONTRACTOR SAFETY ORIENTATION FORM

**Contractor Company Name:** \_\_\_\_\_

Enclosed is the "Insert Company Name Here" health and safety program.

This program addresses Occupational Health & Safety requirements for all sub-contractor and/or contractors hired for any particular project(s). During the performance of any contracted work the OSHA regulations & the requirements of the "Insert Company Name Here" health and safety program must be strictly adhered and observed. There are no exceptions.

Failure to follow all company health and safety rules, safe work procedures and safety policies and any violation of these rules, procedures and policies:

**MAY RESULT IN DISCIPLINARY ACTION BY "INSERT COMPANY NAME HERE"**

Please **initial inside each check box** for each applicable safety policy/procedure discussed during the sub-contractor orientation. By initialing each box, you verify that you understand and comprehend "Insert Company Name Here" health and safety policies and safe work procedures.

1. Health & Safety Policy	2. Housekeeping
3. Health & Safety Policy	4. Housekeeping
5. Company Safety Representative Information	6. Tools Machinery & Equipment
7. Supervisor Contact Information	8. Right to Refuse Unsafe Work
9. Emergency Contact Information	10. Right to Participate
11. GHS	12. Right to Know
13. Safety Data Sheets	14. Safe Sharps Disposal
15. First Aid Procedures	16. No Smoking
17. Eye Wash Stations	18. Drug & Alcohol Use
19. Emergency Evacuation Procedures	20. Workplace Violence
21. Personal Protective Equipment (PPE)	22. Working Alone
23. Respiratory Protection	24. Horseplay
25. Hearing Protection	26. MSI's
27. Hazard Reporting	28. Back Safety
29. Harassment and Bullying	30. Yellow Caution Tape / Red Danger Tape
31. Lock Out Safety	32. Traffic Control
33. Warning Signs	34. Heat Stress & Cold Stress

I, \_\_\_\_\_, understand and will adhere to all applicable "Insert Company Name Here" written safety policies and safe work procedures as outlined and discussed in this sub-contractor safety orientation session.

Sub-Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager and/or Supervisor: \_\_\_\_\_





## 12.0 EMERGENCY RESPONSE

### 12.1 Purpose

Emergencies and disasters can occur at any time without warning. An emergency response plan must be established and implemented at “Insert Company Name Here” in case such emergencies arise.

The following are some examples of emergency situations that can occur at “Insert Company Name Here”:

- Fire
- Explosion
- Accidental Release of Toxic Substances
- Major Structural Failure
- Major Chemical Spill
- Earthquake
- Floods
- Serious Injury

### 12.2 Policy

“Insert Company Name Here”:

- a. Develop plans in collaboration with neighboring businesses and building owners to avoid confusion or gridlock.
- b. Locate, copy, and post building and site maps.
- c. Ensure that exits are clearly marked.
- d. Practice evacuation procedures once per year.

### 12.3 Emergency Response Coordinator (ERC)

The emergency response coordinators (ERC) are the people who serve as the main contact people for the company in an emergency. The ERC is responsible for making decisions and following the steps described in this emergency response plan. In the event of an emergency occurring within or affecting the worksite, the primary contact will serve as the ERC. If the primary contact is unable to fulfill the ERC duties, the secondary contact will take on this role.

### 12.4 Emergency Contact Numbers

- **Fire Station: 911**
- **Police: 911**
- **Emergency: 911**
- **Ambulance: 911**

### 12.5 Potential Emergencies

The following potential emergencies have been identified in hazard assessments:



- |   |                         |
|---|-------------------------|
| 1. Fire                                   | 2. Major Chemical Spill |
| 3. Explosion                              | 4. Earthquake           |
| 5. Accidental Release of Toxic Substances | 6. Floods               |
| 7. Major Structural Failure               | 8. Serious Injury       |

**12.6 Muster Station (Assembly Point)**

1. In case of emergency evacuation, all employees and contractors will safely exit the building(s) through the nearest exit point and assemble at the nearest muster station.
2. The location of muster stations will vary depending on the worksite.
3. It will be the responsibility of the site Supervisor to ensure employees and contractors are educated on the location of each muster station on each different work site.
4. The muster station is located:

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[Insert Image Here]

**12.7 Communication**

In the event of an emergency within or affecting the worksite, the Emergency Response Coordinator (ERC) will communicate and make the following decisions to ensure that appropriate key steps are taken:

- a. Pull the fire alarm to alert all employees and contractors of an emergency.



### 16.2 FIRST AID RECORD FORM

Name:		Occupation:	Department:
	Date of Injury/Illness (D/M/Y):	Time of Injury/Illness (AM/PM):	
	Date and Time of Injury Reported (D/M/Y - AM/PM):		

**Description of how the injury, exposure, or illness occurred (*print clearly - what happened?*)**

**Description of the nature of the injury, exposure, or illness (*print clearly - what you see – signs and symptoms*)**

**Description of treatment given (*print clearly*)**

**Interventions:**     CPR         Airway Cleared         Airway Maintained         Ventilated         Controlled Bleeding

**Any Witnesses?:**  Yes     No    If yes, please provide name(s): \_\_\_\_\_

**Recommendations (Check):**  Return to Work     Medical Aid     Follow Up – When? \_\_\_\_\_

**Transported By (Check):**  Ambulance     Taxi     Company Vehicle     Other – Explain \_\_\_\_\_

**Graduated Return to Work:**  Alternate Duty Options     Return to Work Form – Medical Aid     Workers Supervisor Informed

**Provided Worker Handout:**  Yes  No If yes, which form: \_\_\_\_\_

Attendant Name (Please Print):	Attendant Signature:
Patient Name (Please Print):	Patient Signature:



16.3 NEW AND YOUNG EMPLOYEE SAFETY ORIENTATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Position as hired: \_\_\_\_\_

Do you have First Aid Certification? Yes  No  If yes, what level: \_\_\_\_\_

Do you or are you required to wear Prescription Glasses or Contact Lenses?
Yes  No  If yes, what kind: \_\_\_\_\_

Do you have any Allergies? Yes  No  If yes, what: \_\_\_\_\_
(Please include any special medication you must take for your allergies)

Do you take any Special Medications? Yes  No  If yes, what: \_\_\_\_\_
(Health condition, where medication is prescribed by your doctor i.e. heart condition) - the answer to this question is 'optional'

Do you have any physical/health related disablement(s) that may be aggravated, and/or that may prevent you
from performing certain job tasks or duties while employed with "Insert Company Name Here"?
Yes  No  If yes, what: \_\_\_\_\_

Please initial inside each check box for each applicable safety policy/procedure discussed during the safety
orientation. By initialing each box, you verify that you understand and comprehend "Insert Company Name Here"
's Occupational Health and Safety policies and safe work procedures.

Table with 2 columns and 30 rows listing safety topics for initialing, such as Health & Safety Policy, Housekeeping, Safety Representative, etc.

I, \_\_\_\_\_, understand and will adhere to all applicable "Insert
Company Name Here" safety policies and safe work procedures as outlined and discussed in this new
and young employee safety orientation session.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager and/or Supervisor (please print name and sign): \_\_\_\_\_