**CONTRACTORS HEALTH AND SAFETY RESPONSIBILITIES ACKNOWLEDGEMENT FORM**

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| **PART 1: COMPANY INFORMATION** | | | | | | | | |
| Name of Company: | | | | | | | | |
| Address: | | | | | | | | |
| Office Phone: | | | | | | | | |
| Email: | | | | | | Fax: | | |
| Main Company Contact: | | | | | Title: | | | |
| Email: | | | | | Phone: | | | |
| Company Safety Contact: | | | | | Title: | | | |
| Email: | | | | | Phone: | | | |
| **PART 2: DESCRIPTION OF WORK** | | | | | | | | |
| Nature of Work: | | | | | | | | |
| PRIME CONTRACTOR ACKNOWLEDGEMENT  Indicate if you are assuming Prime Contractor responsibility for this project.  YES NO Initial\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Contract / PO: | | | | | | | | |
| Work Performed For (Name / Branch / Department / Facility): | | | | | | | | |
| WCB Account Number (attach WCB Clearance Letter): | | | | | | | | |
| **PART 3: WCB STATS** | | | | | | | | |
| Stats from the last 3 years | | | | 2018 | | 2019 | | 2020 |
| Premium rate | | | |  | |  | |  |
| Industry rate | | | |  | |  | |  |
| Rate Adjustment, surcharge or discount | | | |  | |  | |  |
| Number of fatalities | | | |  | |  | |  |
| Number of lost time injuries | | | |  | |  | |  |
| **PART 4: INSURANCE & LICENCE INFORMATION** | | | | | | | | |
| Does your company carry liability insurance? (If yes, provide a copy) | | | | | | | | YES NO |
| Amount of Liability Insurance: | | | | | | | | |
| City of St. Albert Business Licence # (if applicable): | | | | | | | | |
| **PART 5: REGULATORY COMPLIANCE** | | | | | | | | |
| Has your company received any OH&S stop work orders and/or fines within the last 3 years? (If yes, provide details) | | | | | | | | YES NO |
| Has your company received any administrative fines? (If yes, provide details) | | | | | | | | YES NO |
| Has your company received any convictions? (If yes, provide details) | | | | | | | | YES NO |
| Are there any Health Safety and Environment-related judgements, claims or suits pending or outstanding against your company? | | | | | | | | YES NO |
| Safety Fitness Certificate (if applicable provide a copy) | | | | | | | | YES NO |
| When was your NSC Program last audited for your Safety Fitness Certificate? (if applicable) | | | | | | | | Date: |
| Notes: | | | | | | | | |
| **PART 6: SAFETY** | | | | | | | | |
| Does your company have a current written Safety Management program? If requested, are you able to provide a copy of your safety manual. | | | | | | | | YES NO |
| Does your company have a current COR/SECOR? | | | | | | | | YES NO |
| What is your COR/SECOR number? | |  | | | | | | |
| Has the program been audited? | | YES NO | Date of last Audit: | | | | | |
| Does your company complete hazard assessments? | | | | | | | | YES NO |
| Are tickets of competency needed for the job being completed? If yes, provide a copy.  IE: Ground Disturbance, Aerial Platform, Confined Space etc | | | | | | | | YES NO |
| Does your company have an incident investigation form/process? | | | | | | | | YES NO |
| Does your company complete a toolbox meeting before beginning a job? If yes, please provide a copy/sample. | | | | | | | | YES NO |
| Do you have a permitting system for the job being completed? If yes, please provide a copy.  IE. Ground Disturbance, Confined Space, Hot Work | | | | | | | | YES NO |
| Are their any hazards that require a control plan? These plans must be submitted before the job begins.  IE: Exposure Control Plans, Fall Protection Plans, Site Emergency Plans | | | | | | | | YES NO |
| **PART 7: ORIENTATION** | | | | | | | | |
| All workers on a site must complete the General Contractor Safety Orientation. This is a general safety orientation for contractors working in the City of St. Albert. The online orientation does not replace a site-specific orientation but does clearly outline Health and Safety Expectations before starting work in the City.  *Note: Anyone on the site including sub-contractors, vendors, and services MUST complete the orientation BEFORE starting work.*  The St. Albert General Safety Orientation link: <https://nmacdonald.wufoo.com/forms/qzzpm6y0h0n8vr/>  This link should be shared as needed. If you need a report on compliance of completion, please email Natasha at nmacdonald@stalbert.ca with your company name and subcontractor company names for a complete list.  *\*Note: The St. Albert General Contractor Orientation is valid for 3 years.* | | | | | | | | |
| **PART 8: CHECKLIST** | | | | | | | | |
| As a Contractor with the City of St. Albert, your review and signature of this document is necessary prior to commencement of the work. The items in this checklist are in addition to any specific health and safety requirements that are identified in the Contract or project.  Please complete this form by reading and initialing each item in the check list and signing the declaration at the end of this document. | | | | | | | | |
| **(Initial)** | **The City of St. Albert’s Health and Safety and Contractor Commitments –** I acknowledge that a City representative may do site inspections while I am on site to ensure that health and safety requirements are being met. I agree to cooperate with any person exercising a duty under OHS legislation. | | | | | | | |
| **(Initial)** | **Compliance –** I am aware of and will comply with all applicable legislation that relates to contracted work performed. | | | | | | | |
| **(Initial)** | **Awareness and Competence –** I acknowledge that I am responsible to ensure that all personnel are aware of applicable Occupational Health and Safety requirements and responsibilities, and that all personnel are competent to perform their work. | | | | | | | |
| **(Initial)** | **Additional Supplemental Information –** Site-specific procedures may be provided by the City of St. Albert’s Project Manager prior to commencement of the work. Additional documentation and expectations could be requested dependent on the hazards and conditions on the site. | | | | | | | |
| I have received and understand the information in the Contractor’s Health and Safety Responsibility Acknowledgement Package. I understand that it is my responsibility to comply with these requirements and communicate this information to all onsite personnel that are engaged in carrying out the work or providing material to the site | | | | | | | | |
| **Authorized Company Rep (Signature):** | | | | | | | | |
| **Print Name:** | | | | | | | **Date:** | |
| Forward a copy of the signed Contractors Health and Safety Responsibilities Acknowledgement Form to the Project Manager. Retain original of the Form with contract documents. | | | | | | | | |

*The personal information on this form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used for the purpose of the administration of the Contractor’s Health and Safety Responsibilities Acknowledgement Form as required by the Health and Safety Management System. The information on this form will not be disclosed outside of the City of St. Albert organization. All personal information gathered is protected by the privacy protection provisions of Part 2 of the FOIP Act. If you have any questions about the collection, use or disclosure of this personal information, please contact the Health and Safety Coordinator – Human Resources.*