

4800 SOUTH SERVICE RD  
BEAMSVILLE, ON L0R 1B1

905-563-8205

### Contractor Health and Safety Checklist

Project Name: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

**The Contractor shall do the following:**

1. Provide current and valid WSIB Clearance Certificates for the project's duration.
2. Form 1000 shall be filled out in accordance with the Occupational Health and Safety Act.
3. The Ministry of Labour "Notice of Trench Work" form must be filed with the Ministry of Labour in accordance with the Construction Regulations.
4. Provide qualified workers with all appropriate training for work to be performed.
5. Ensure all work is performed in accordance with governing legislation.
6. Ensure the health and safety of workers. Any worker not working safely and/or not wearing the appropriate personal protective equipment required to perform the work shall be required to leave the work site(s).
7. Possess all necessary licenses, permits, registration and insurance required.
8. Notify immediately the Town of Lincoln of any potential hazards beyond those regularly expected with the work to be performed.
9. Ensure that workers are aware of Emergency Procedures and Confined Space Procedures.
10. Ensure a copy of relevant health and safety program documents and procedures are on site at all times.
11. Ensure that applicable Traffic Control Plans are prepared as required and on site.
12. Ensure relevant Material Safety Data Sheets are available on site at all times.
13. Ensure that all directives set out by the Provincial and Federal Government regarding COVID-19 have been disseminated, understood and are being adhered to by all employees.
14. Ensure that their own Health & Safety Guidelines and/or Standard Operating Procedures (SOPs) include all current and future directives as set out by the Provincial and Federal Government regarding COVID-19.
15. Bear any and all costs associated with the above responsibilities.

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

Signed: \_\_\_\_\_  
Contractor

Witness: \_\_\_\_\_  
Contract Administrator

For office use only

### Health and Safety Evaluation of Contractor – Post Project

Were any unsafe work practices by the contractor observed?	Y	N
Were these unsafe work practices identified and appropriate corrective actions taken?	Y	N

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