

# Contractor Safety Questionnaire

1. Safe Work Performance										
1A Injury Experience / Historical Performance – Alberta										
Use the previous three years injury and illness records to complete the following:										
Year										
Number of medical treatment cases										
Number of restricted work day cases										
Number of lost time injury cases										
Number of fatal injuries										
Total recordable frequency										
Lost time injury frequency										
Number of worker manhours										
1	Medical Treatment Case	Any occupational injury or illness requiring treatment provided by a physician or treatment provided under the direction of a physician								
2	Restricted Work Day Case	Any occupational injury or illness that prevents a worker from performing any of his/her craft jurisdiction duties								
3	Lost Time injury Cases	Any occupational injury that prevents the worker from performing any work for at least one day								
4	Total Recordable Frequency	Total number of Medical Treatment, Restricted Work and Lost Time Injury cases multiplied by 200,000 then divided by total manhours								
5	Lost Time Injury Frequency	Total number of Lost Time Injury cases multiplied by 200,000 then divide by total manhours								
1B Workers' Compensation Experience										
Use the previous three years injury and illness records to complete the following (if applicable):										
Industry Code:			Industry Classification:							
Year										
Industry Rate										
Contractor Rate										
% Discount or Surcharge										
Is your Workers' Compensation account in good standing? (Please provide letter of confirmation)							Yes		No	
2. Citations										
2A	Has your company been cited, charged or prosecuted under Health, Safety and/or Environmental Legislation in the last 5 years? If yes, provide details:						Yes		No	
2B	Has your company been cited, charged or prosecuted under the above Legislation in another Country, Region or State? If yes, provide details:						Yes		No	

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3. Citations						
Does your company have a Certificate of Recognition?					Yes	No
If yes, what is the	Certificate No:		Issue Date:			
4. Safety Program						
4A	Do you have a written safety program manual? If Yes, provide a copy for review				Yes	No
4B	Do you have a pocket safety booklet for field distribution? If Yes, provide a copy for review				Yes	No
4C	Does your safety program contain the following elements:					
	Yes	No		Yes	No	
	Corporate Safety Policy		Equipment Maintenance			
	Incident Notification Policy		Emergency Response			
	Recordkeeping & Statistics		Hazard Assessment			
	Reference to Legislation		Safe Work Practices			
	General Rules & Regulations		Safe Work Procedures			
	Progressive Discipline Policy		Workplace Inspections			
	Responsibilities		Investigation Process			
	PPE Standards		Training Policy & Program			
	Environmental Standards		Communication Processes			
	Modified Work Program					
5. Training Program						
5A	Do you have an orientation program for new hire employees? If Yes, include a course outline. Does it include any of the following:				Yes	No
	Yes	No		Yes	No	
	General Rules & Regulations		Confined Space Entry			
	Emergency Reporting		Trenching & Excavation			
	Injury Reporting		Signs & Barricades			
	Legislation		Dangerous Holes & Openings			
	Right to Refuse Work		Rigging & Cranes			
	Personal Protective Equipment		Mobile Vehicles			
	Emergency Procedures		Preventative Maintenance			
	Project Safety Committee		Hand & Power Tools			
	Housekeeping		Fire Prevention & Protection			
	Ladders & Scaffolds		Electrical Safety			
	Fall Arrest Standards		Compressed Gas Cylinders			
	Aerial Work Platforms		Weather Extremes			
5B	Do you have a program for training newly hired or promoted supervisors? If Yes, submit an outline for evaluation. Does it include instruction on the following:				Yes	No
	Yes	No		Yes	No	
	Employer Responsibilities		Safety Communication			

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	Employee Responsibilities			First Aid/Medical Procedures		
	Due Diligence			New Worker Training		
	Safety Leadership			Environmental Requirements		
	Work Refusals			Hazard Assessment		
	Inspection Processes			Pre-Job Safety Instruction		
	Emergency Procedures			Drug & Alcohol Policy		
	Incident Investigation			Progressive Disciplinary Policy		
	Safe Work Procedures			Safe Work Practices		
	Safety Meetings			Notification Requirements		
<b>6. Safety Activities</b>						
6A	Do you conduct safety inspections?	Yes	No	Weekly	Monthly	Quarterly
	Describe your safety inspection process (include participation, documentation requirements, follow-up, report distribution)					
	Who follows up on inspection action items?					
6B	Do you hold site safety meetings for field employees? If Yes, how often?	Yes	No	Daily	Weekly	Biweekly
6C	Do you hold site meetings where safety is addressed with management and field supervisors?	Yes	No	Weekly	Biweekly	Monthly
6D	Is pre-job safety instruction provided before to each new task?			Yes		No
	Is the process documented?			Yes		No
	Who leads the discussion?					
6E	Do you have a hazard assessment process?			Yes		No
	Are hazard assessments documented?			Yes		No
	If yes, how are hazard assessments communicated and implemented on each project?					
	Who is responsible for leading the hazard assessment process?					
6F	Does your company have policies and procedures for environmental protection, spill clean-up, reporting, waste disposal, and recycling as part of the Health & Safety Program?			Yes		No
6G	How does your company measure its H&S success? Attach separate sheet to explain					
<b>7. Safety Stewardship</b>						
7A	Are incident reports and report summaries sent to the following and how often?	Yes	No	Monthly	Quarterly	Annually
	Project/Site Manager					
	Vice President/Managing Director					
	Safety Director/Manager					
	President/Chief Executive Officer					

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7B	How are incident records and summaries kept? How often are they reported internally?	Yes	No	Monthly	Quarterly	Annually
	Incidents totaled for the entire company					
	Incidents totaled by project					
	Subtotaled by superintendent					
	Subtotaled by foreman					
7C	How are the costs of individual incidents kept? How often are they reported internally?	Yes	No	Monthly	Quarterly	Annually
	Costs totaled for the entire company					
	Costs totaled by project					
	Subtotaled by superintendent					
	Subtotaled by foreman/general foreman					
7D	Does your company track non-injury incidents?	Yes	No	Monthly	Quarterly	Annually
	Near Miss					
	Property Damage					
	Fire					
	Security					
	Environmental					

### 8. Personnel

List key health and safety officers planned for this project. Attach resume.

Name	Position / Title	Designation

Supply name, address and phone number of your company's corporate health and safety representative. Does this individual have responsibilities other than health, safety and environment?

Name	Address	Telephone Number
Other responsibilities:		

### 9. References

List the last three company's your form has worked for that could verify the quality and management commitment to your occupational Health & Safety program

Name and Company	Address	Telephone Number