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| Title: **Contractor Safety Questionnaire** | Date of Issue: **December 14, 2010** |
| Location: **Section 2.1h** | Revision Date: |

This questionnaire must be completed and returned to the Village Contact or designate prior to any service or work commencing.

1. Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Years in Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name & Title of Person completing questionnaire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Past safety performance:

* NEER Performance for past three years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of employees for each of the last three years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of Lost Time accidents in the last two years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of fatalities in the past five years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the Ministry of Labour or OSHA inspected you in the last 5 years? If so, when \_\_\_\_\_\_\_\_\_\_\_\_; Number and type of orders issued if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your company have a written safety program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have a formal substance abuse program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, does it include: Pre-employment drug screen? \_\_\_\_\_\_\_ Random testing? \_\_\_\_\_\_\_

1. Do you have formal programs for the following:

* Accident Investigations Yes \_\_\_ No \_\_\_
* Hazard Communication Yes \_\_\_ No \_\_\_
* Safety Committee Meetings Yes \_\_\_ No \_\_\_
* New Employee Orientation Yes \_\_\_ No \_\_\_
* Personal Protective Equipment Yes \_\_\_ No \_\_\_
* Hearing Conservation Program Yes \_\_\_ No \_\_\_
* Hot Work Permit Procedures Yes \_\_\_ No \_\_\_
* Work from Heights Yes \_\_\_ No \_\_\_
* First Aid/CPR Training Yes \_\_\_ No \_\_\_
* Lock-Out/Tag Out Yes \_\_\_ No \_\_\_
* Electrical Safety Yes \_\_\_ No \_\_\_

1. Do you have a current Workplace Safety & Insurance Clearance Certificate?

Yes \_\_\_ No \_\_\_ Is a copy attached? Yes \_\_\_ No \_\_\_

1. Do you have a minimum of 2 million dollars liability insurance? Yes \_\_\_ No \_\_\_

Is a copy of your insurance policy attached? Yes \_\_\_ No \_\_\_

Note: For work on Road Allowances, a minimum of 5 million dollars liability insurance is required.