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This policy is intended to be a template for the COR Harmonized Audit’s Section 14 Procurement & Contractor Management.

The policy, and subsequent forms will not work for every different type of company. They require customization and careful review to ensure the content will be relevant as well as achievable. There are highlighted portions that will require review. Look below for the legend on what the different colours of highlighting means.

## Legend- Highlighter usage

## Yellow= the company name (find and replace to suitable company name)

## Green= indicates documentation frequency

## Blue= multiple choices (I.e. Location, document type/name/label)

* **Purple= position of a person responsible for something in the manual- this can be changed to represent your employee structure**

14 Procurement & Contractor Management Policy 1

Purpose

To mitigate the risks associated with contractors, service providers, and procurement of products that have the potential to create a hazard.

Policy

(Company name) will:

* Evaluate, select and monitor contractors that meet our criteria stated in this policy.
* Evaluate, select and monitor service providers that meet our criteria stated in this policy.
* Consider the impact to safety and health when selecting products. Equipment and materials will be sourced through reputable companies. Hazards associated with the procured product will be identified and controlled through guidelines set out in our health and safety manual such as WHMIS, worker training, Hazard Assessments, etc.

# Responsibilities

(Company name) will:

* Require contractors in the selection process to complete the “Contractor Pre-Qualification Checklist”.
* Hire reputable service providers, and require them to complete the service provider qualification checklist.
* Provide and verify the completion of the “Contractor Compliance Declaration” prior to beginning of work.

Manager/Project Manager/ Site Supervisor will:

* Monitor and evaluate safety activities of contractors. (I.e. On-site safety initiatives, Site inspections, hazard assessments, review of documentation, collection of documentation.)
* Notify service providers of potential hazards and required PPE.
* Procure products from reputable suppliers
* Ensure products purchased that introduce new hazards are controlled as part of the ongoing hazard assessment process.

# Criteria for Selection and Evaluation of Contractors and Service Providers

* COR and/or SECOR Certified companies will be given priority in the selection process.
* Submission, review and approval of Safety and Health program other than COR/SECOR.
* Companies with no Safety and Health program, if selected will follow our program requirements.
* Submission and review/approval of safety statistics and performance.
* WCB Letter of Good Standing

Definitions

**Approved Standard-** as defined and listed here: <https://www.saskatchewan.ca/business/safety-in-the-workplace/approved-standards-and-practices>

**Prime Contractor-** When ten or more self-employed people or workers are under the direction of two or more employers while engaged in the construction industry.

**Contractor**- Person or company that carries out work for a company as part of a project.

**Service Provider**- Person or company that sells or supplies something such as goods or equipment.

**Procurement-** the process of obtaining goods (materials, equipment, tools, etc.) necessary for company operation or a project.

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| SIGNATURE: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***For more information please reference Part 33 Section 33-2 of the Occupational Health and***

***Safety Regulations, 2020.***

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| **Contractor Pre-Qualification Checklist** | | | | | | | | | | | | | | | | | | | | |
| Company name: | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | City & Province: | | | | | | | | | | |
| Email Address: | | | | | | | | | | Postal Code: | | | | | | | | | | |
| Phone Number: | | | | | | | | | | Fax: | | | | | | | | | | |
| Type of business/ Service provided: | | | | | | | | | | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | |
| Primary Contact | | |  | | | | | | | | Phone Number: | |  | | | | | | | |
| Supervisor | | |  | | | | | | | | Phone Number: | |  | | | | | | | |
| Safety Designate | | |  | | | | | | | | Phone Number: | |  | | | | | | | |
| **Insurance Information** | | | | | | | | | | | | | | | | | | | | |
| Current Liability Insurance Certificate Provided? | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| Are there any current claims pending or outstanding against the organization? | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| **Workers Compensation Board** | | | | | | | | | | | | | | | | | | | | |
| Current WCB Coverage in place? | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| WCB Letter of Good Standing? (current within 30 days) | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| **Safety, Health, and Environmental Information** | | | | | | | | | | | | | | | | | | | | |
| COR/ SECOR Certified? | | | | **Yes** | | **No** | | | | COR/ SECOR Certificate Number: | | | | | |  | | | | |
| Certificate attached? | | | | **Yes** | | **No** | | | | COR/ SECOR Expiry: | | | | | |  | | | | |
| If not COR/ SECOR do you have a Safety Program? | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| ***Check off the policies & processes the company has in place (if not COR/ SECOR certified)*** | | | | | | | | | | | | | | | | | | | | |
| A written safety policy | | | | | | |  | | Incident reporting & Investigation Process | | | | | | | | | | |  |
| Hazard assessment process | | | | | | |  | | Jobsite inspection Process | | | | | | | | | | |  |
| Toolbox/ safety meeting process | | | | | | |  | | PPE Policy | | | | | | | | | | |  |
| Company Rules | | | | | | |  | |  | | | | | | | | | | |  |
| ***Check off the written Safe job Procedures that may be required for this project (SJP)*** | | | | | | | | | | | | | | | | | | | | |
|  | Asbestos | | | |  | | | Hydrogen Sulfide (H2S) | | | | | |  | Respiratory Protection | | | | | |
|  | Fall Protection Plan | | | |  | | | Silica | | | | | |  | Confined/Restricted Space | | | | | |
|  | Emergency Evacuation | | | |  | | | Working Alone | | | | | |  | Powered Mobile Equipment | | | | | |
|  | | Other (Specify) | | | | | | | | | | | | | | | | | | |
| **Training Information** | | | | | | | | | | | | | | | | | | | | |
| Correct ratio of apprentices to journeypersons as per the Sask Apprenticeship board? | | | | | | | | | | | | | | | | **Yes** | **No** | | **N/A** | |
| Supervisors trained in their legislated roles & responsibilities? | | | | | | | | | | | | | | | | | **Yes** | | **No** | |
| Required safety training completed? I.e. Fall protection, PME, Confined Space, Etc. | | | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **Other** | | | | | | | | | | | | | | | | | | | | |
| **Contractor agrees to keep readily available, and provide upon request, copies of your tool box meetings, hazard assessments, inspections, training certificates, and/or any other safety documents pertinent to this site.** | | | | | | | | | | | | | | | | | **Yes** | | **No** | |
| **Signature of Contractor:** | | | | | | | | | | | | **(Company name) Signature:** | | | | | | | | |

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| **(company name)**  **Contractor Compliance Declaration** |

*As with all forms and policies, this does not take precedence over the Occupational Health and Safety (OH&S) Act and Regulations.*

Our objective on this site is to co-ordinate, achieve and maintain the highest possible level of safety performance for all personnel working for (company name), whether this is found in our safety & health plan, by the owner of the project, or applicable legislation. The success of this objective requires the commitment and dedication of every Worker to their own personal safety and the safety of fellow Workers. Communications information, including regular contact numbers as well as emergency contact numbers, must be provided to (company name) by the contractor prior to beginning work on the site. A copy of the complete list can be obtained from the Superintendent in the site trailer/office.

***Each contractor must designate the on-site contractor Worker responsible for safety on the job site.*** (Contractor responsibilities include, but are not limited to the following plan)  
**This plan is in effect for (company name) Job Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(company name) Superintendent in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
 name contact number

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|  | Responsibilities. All contractors must: (The highest health and safety standards will take precedent and be followed whether found in our comprehensive Health and Safety Program, the owner requirements or applicable legislation) | **Rep Initials** |
| **1** | Ensure all employees complete a contractor safety orientation before starting work. |  |
| **2** | Ensure all your operators of powered mobile equipment are competent as per current legislation. Ensure all equipment brought on to site meets OH&S and manufacturers requirements and have current certifications where applicable. |  |
| **3** | Ensure that required safety equipment and PPE are provided and used for each job. |  |
| **4** | Provide competent supervision for your Workers, first aid supplies and personnel as required by Part V, of the OH&S Regulations |  |
| **5** | Conduct hazard assessments, as well as scheduled inspections for unsafe acts and conditions, and ensure prompt corrective action to eliminate causes of incidents. Report high priority hazards immediately. |  |
| **6** | Inform employees of the hazards associated with their jobs and provide training in the safe work practices required to perform the job safely. |  |
| **7** | Ensure that a safety representative will attend scheduled site safety meetings and, if requested, appoint a representative to our site Occupational Health Committee. |  |
| **8** | Hold scheduled “tool box” meetings with crew. If you do not conduct tool box meetings then you are required to attend/contribute to those completed by (company name). |  |
| **9** | Report immediately, and provide (company name) with copies of all your damage, near miss or incident reports on our site. |  |
| **10** | Complying with all hot work permits and procedures specified by the (company name) site representative |  |
| **11** | Complying with all fall protection requirements specified by section 9-2 of the OH&S Regulations, 2020 |  |
| **12** | Provide a list of all hazardous materials to be brought on site and applicable SDS’s |  |
| **13** | Ensure employees understand that a violation of established safety rules will not be tolerated. Enforce all established safety regulations and work methods. Take disciplinary action necessary to ensure compliance with the rules. |  |
| **14** | Keep readily available, and provide upon request, copies of your tool box meetings, hazard assessments, inspections, training certificates, and/or any other safety documents pertinent to this site. |  |

*In the case of a serious or potentially serious accident, the (company name) site representative must be notified immediately; other authorities who are required by law to be notified, such as OH&S for a dangerous occurrence, must be contacted by the contractor responsible for the individual(s) involved.*

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| **Contractor Acknowledgement:** I have read the above Health & Safety Plan developed by (company name) for this work site and acknowledge that I, as the person responsible for our company’s safety while working on this site, will ensure my Workers and proxies will abide by these terms and conditions. Should a replacement Supervisor, Worker or proxy be brought onto site, I will ensure that they comply as well. | |
| Sub Rep/Foreman  (print) | Company Name: |
| Sub Rep/Foreman  (signature) | Date: |

## Contractor Safety Orientation

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| Company Name: | Name: |
| Date: | Position |

**PLEASE CHECK OFF EACH OF THE TOPICS AS THEY ARE DISCUSSED.**

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| 1. Review of contractor pre-qualification & Contractor Safety Plan/ Program 2. Health & Safety Policy 3. Worker Rights 4. Responsibility & Accountability for Safety 5. Harassment Policy Statement 6. Safety Rules & Non-compliance 7. PPE Policy, Working at Heights policy 8. Hazard Assessment Process 9. Safety Training Requirements 10. Safety Meetings 11. Jobsite Occupational Health Committee (where minutes are posted, list of members, role of OHC on site, requirement to participate) **\*\*If Applicable** 12. Inspection Policy & Process | 1. Investigation Policy & Procedures (verbal report to (company name) within 24 hours SERIOUS INJURIES TO BE REPORTED IMMEDIATELY to the (company name) site rep, other authorities as required) 2. Reporting dangerous occurrences & serious injury to OH&S 3. Hot Work requirements **\*\* If Applicable** 4. Any hazard identified which is outside the control/authority of the contractor must be brought to (company name) site rep in writing. 5. Review of emergency information and procedures: including provision of fire extinguishers and first aid / eye wash facilities, communications equipment, emergency numbers, evacuation and muster procedures 6. Designated smoking area(s), parking 7. Other information (specify): |

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| **Contractor Acknowledgement**: I have been given the (company name). contractor orientation as checked off above and I have had an opportunity to ask questions. I will ensure each Worker for whom I am responsible receives the (company name) Worker orientation prior to their starting work on a (company name) job site. | |
| Contractor  Worker  (signature) | Orientation  Provider  (print legibly) |
| Orientation  Provider  (signature) |

## CONTRACTOR SAFETY ORIENTATION TEST

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| 1. | The names of the (company name) Occupational Health Committee (OHC) members are: | |
|  | (a) in the Safety Orientation booklet  (b) on minutes of each meeting, which are posted in the (company name) site trailer | (c) available by phoning OH&S  (d) N/A – there will not be 10 Workers on this site for a 90-day period |
| 2. | An accident, incident or near miss occurrence must be reported to the (company name) site rep | |
|  | (a) when it creates a hazard  (b) when no one else saw it | (c) always  (d) when someone is hurt |
| 3. | The following personal protective equipment must be worn **at all times** by all individuals on a (company name) site | |
|  | (a) hard hat and safety glasses  (b) hard hat and safety boots | (c) hard hat and reflective vest  (d) hard hat, safety boots and safety glasses |
| 4. | OH&S must be notified of a work-related accident or incident when: | |
|  | (a) there were no witnesses to the event  (b) the injury required medical attention | (c) the event meets the definitions of a “dangerous occurrence” and/or an “accident causing serious bodily injury” as defined by OH&S |
| 5. | When a contractor’s Worker is involved in (or the contractor’s work creates) an incident that must be reported to OH&S, who has **primary** responsibility to report? | |
|  | (a) the contractor responsible for the Worker (or work) involved | (b) the involved Worker  (c) (company name) |
| 6. | Any opening or hole in a floor, roof or other work surface into which a Worker could step or fall must be: | |
|  | (a) attended by a Worker at all times  (b) reported to OH&S | (c) covered with a secure covering and provided with a warning sign, or provided with a guardrail and toe board |
| 7. | After completing any hot work, a contractor must maintain a fire watch for a minimum of how many hours followed by the final inspection after 4 hours: | |
|  | (a) 1 hour (b) 2 hours (c) 3 hours (d) 1/2 hour | |
| 8. | A **written fall protection plan** is required under Reg. 116.1(1): | |
|  | (a) only where specified by (company name)  (b) when working from the top 2 rungs of a stepladder | (c) where a Worker could fall 3m and is not protected by a guardrail or similar barrier |
| 9. | Each contractor is responsible to immediately correct any hazard created by their own work, or which is within their control to correct. | |
|  | TRUE | FALSE |
| 10. | Only (company name) is required to provide first aid trained Workers on site. | |
|  | TRUE | FALSE |
| 11. | The emergency alarm signal on this site is: | |
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| 12. | The emergency muster point on this job site is: | |
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| **Service Provider Pre-Qualification Checklist** | | | | | | | | | | | | | | | | | | | | | |
| Company name: | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | City & Province: | | | | | | | | | | | |
| Email Address: | | | | | | | | | | Postal Code: | | | | | | | | | | | |
| Phone Number: | | | | | | | | | | Fax: | | | | | | | | | | | |
| Type of business/ Service provided: | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | |
| Primary Contact | | |  | | | | | | | | Phone Number: | |  | | | | | | | | |
| **Insurance Information** | | | | | | | | | | | | | | | | | | | | | |
| Current Liability Insurance? | | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| Are there any current claims pending or outstanding against the organization? | | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| **Workers Compensation Board** | | | | | | | | | | | | | | | | | | | | | |
| Current WCB Coverage in place? | | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| **Safety, Health, and Environmental Information** | | | | | | | | | | | | | | | | | | | | | |
| COR/ SECOR Certified? | | | | **Yes** | | **No** | | | | COR/ SECOR Certificate Number: | | | | | | |  | | | | |
| If not COR/ SECOR do you have a Safety Program? | | | | | | | | | | | | | | | | | **Yes** | | **No** | | |
| ***Check off the policies & processes the company has in place (if not COR/ SECOR )*** | | | | | | | | | | | | | | | | | | | | | |
| A written safety policy | | | | | | |  | | incident reporting & Investigation Process | | | | | | | | | | |  | |
| Hazard assessment process | | | | | | |  | | Jobsite inspection Process | | | | | | | | | | |  | |
| Toolbox/ safety meeting process | | | | | | |  | |  | | | | | | | | | | |  | |
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| ***Check off the written Safe job Procedures that may be required for this service (SJP)*** | | | | | | | | | | | | | | | | | | | | | |
|  | Hot Work | | | |  | | | Hydrogen Sulfide (H2S) | | | | | |  | Respiratory Protection | | | | | | |
|  | Fall Protection Plan | | | |  | | | Silica | | | | | |  | Confined/Restricted Space | | | | | | |
|  | Emergency Evacuation | | | |  | | | Working Alone | | | | | |  | Powered Mobile Equipment | | | | | | |
|  | | Other (Specify) | | | | | | | | | | | | | | | | | | | |
| **Training Information** | | | | | | | | | | | | | | | | | | | | | |
| Correct ratio of apprentices to journeypersons as per the Sask Apprenticeship board? | | | | | | | | | | | | | | | | **Yes** | | **No** | | | **N/A** |
| Required safety training completed? I.e. Fall protection, PME, Confined Space, Etc. | | | | | | | | | | | | | | | | | | **Yes** | | | **No** |
| **Signature of Service Provider:** | | | | | | | | | | | | | **(Company name) Signature:** | | | | | | | | | | |