



## WORKSHEET C – CONTRACTOR SAFETY & HEALTH QUESTIONNAIRE - LOW RISK

Nalcor Energy (Nalcor) is committed to providing a safe and healthy workplace for its employees, contractor personnel, subcontractor personnel, vendors and the general public.

Safety and Health performance is a major criteria utilized in the selection of contractors performing work on behalf of Nalcor. Awarding of contracts will not only be on grounds of price and technical ability, but also on a contractor’s past safety and health performance and present ability to carry out work safely and without risk to health.

### 1.0 CONTACT INFORMATION:

Company Name:	Company Address:		
Total # of off site employees expected to work on this job:	Company Contact:		
Total # of part-time employees expected to work on this job:	Telephone:	Fax:	
Total # of employees to be on-site for work on this job:	Email Address:		
Company's Main Activities:			

### 2.0 WORKERS’ COMPENSATION:

Please provide your WHSCC Experience Rating (ER) record for **past three (3) years and current year to date:**

<b>Workplace Health, Safety and Compensation Commission NIC</b>				
<b>WHSCC Experience</b>	<b>Current YTD</b>	<b>Yr - 1</b>	<b>Yr - 2</b>	<b>Yr - 3</b>
2.1 WHSCC Experience Rating (ER)				
<i><b>NOTE:</b> You may be requested to attach copy of WHSCC <b>Three Year Accident Summary Report</b> (obtained from the Workplace Health Safety &amp; Compensation Commission).</i>				

### 3.0 SAFETY AND HEALTH PERFORMANCE:

Please provide your safety performance record for **past three (3) years and current year to date:**

Safety and Health Indicators	Current YTD	Yr - 1	Yr - 2	Yr - 3
3.1 No. Total Person hours/year				
3.2 No. Fatalities (FAT)				
3.3 No. Lost Time Injuries (LTI)*				
3.4 No. Medical Aid (MA)*				
3.5 No. Restricted Work Cases (RWC)*				
* Definitions as established by the Workplace Health Safety and Compensation Commission or the applicable governing workers compensation Board.				
<b>NOTE:</b> All recordable incidents shall be recorded once only within the categories provided and shall be recorded as the highest category reported. For example, a Medical Aid (MA) incident, which also results in a Restricted Work Case (RWC) shall be recorded as a Medical Aid only. A MA that subsequently results in a Lost Time Injury (LTI) shall be recorded as a LTI only.				

3.6 Has your company received any OHS stop-work orders, charges, convictions or fines ( <b>within the past 3 years</b> ) from the Department of Government Services, OHS Branch? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NOTE:</b> You may be requested to attach copy of <b>Detailed Company Report by Date</b> for the past 3 years (obtained from Department of Government Services, OHS Branch).

**4.0 SAFETY AND HEALTH MANAGEMENT:**

Questions		Yes	No	N/A
4.1	Does your company have a Safety & Health, Policy Statement that clearly outlines the company's commitment to safety and health?			
4.2	Does your company have a written procedure for incident/accident reporting and investigation?			
4.3	Does your company maintain training records for employees?			
4.4	Does your company employ Sub-contractors?			
4.5	If yes, does your company have a sub-contractor policy?			
4.6	Does your company have a working alone policy?			
4.7	Does your company have a formal process for assessing hazards in the workplace?			
4.8	Does your company undertake a safety/job orientation for each newly hired or transferred employee?			
4.9	Does your company have an inspections policy?			
4.10	Does your company have specific requirements regarding Training in: WHMIS, First Aid, CPR, Transportation of Dangerous Goods (TDG)			
4.11	Does your company inform workers of their rights to know, participate and to refuse unsafe work and the process for work refusals?			

Questions		Yes	No	N/A
4.12	Does your company hold a Certificate of Recognition (COR) from the NLCSA or other safety management system, which meets or exceeds COR requirements, such as OHSAS 18001 or CSA Z-1000?			

BASIC SAFETY AND HEALTH REQUIREMENT VERIFICATION	
I certify that the information I have supplied on the questionnaire is complete, accurate and true.	
Print name:	Position:
Signature:	Telephone Number:
	Date:

**All information received will be treated as strictly private and confidential. No information given will be shared with other parties or reproduced without the express permission of your company.**