

WORKSHEET C – CONTRACTOR SAFETY AND HEALTH QUESTIONNAIRE - STANDARD

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**:

Workplace Health, Safety and Compensation Commission NIC				
WHSCC Experience	Current YTD	Yr - 1	Yr – 2	Yr – 3
2.1 WHSCC Experience Rating (ER)				
<i>NOTE: You may be requested to attach copy of WHSCC Three Year Accident Summary Report (obtained from the Workplace Health Safety & 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.				
NOTE: 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 MA only. A MA that subsequently results in a Lost Time Injury (LTI) shall be recorded as a LTI only.				

3.6 Has your company had any OHS stop-work orders, charges, convictions or fines (within the past 3 years) from the Department of Government Services, OHS Branch? Yes <input type="checkbox"/> No <input type="checkbox"/>
NOTE: You may be requested to attach copy of Detailed Company Report by Date 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	Leadership and Administration			
4.1.1	Does your company’s Safety & Health, (S&H) Program have a Policy Statement that clearly outlines the Company’s commitment to safety & health stewardship?			
4.1.2	Are the S&H Policies posted and communicated to all employees?			
4.1.3	Does your company’s S&H Policy outline the specific responsibilities of Management, Employees & Sub-Contractors?			
4.1.4	Does your Management team participate in workplace inspections and observations?			
4.1.5	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?			
4.1.6	Does your company have a drug and alcohol policy?			
4.2	Leadership Training			
4.2.1	Does your company provide S&H training to Management personnel?			
4.2.2	Does your company conduct safety orientation training for Supervisors and Managers?			
4.2.3	Are employees oriented to the company’s systems and approach to the management of health, safety and environment?			
4.3	Planned Inspections and Maintenance			
4.3.1	Does your company’s S&H program outline the requirement for Supervisors and Employees to conduct regular inspections of equipment and conditions at the worksite?			

Questions		Yes	No	N/A
4.3.2	Does your company's inspection procedure outline responsibility for conducting inspections, including the frequency of inspections, hazard ranking criteria, inspection reporting and follow up requirements for corrective actions?			
4.3.3	Does your company's S&H program require the prompt reporting of hazardous practices and/or conditions at the worksite?			
4.3.4	Does your company have a program that effectively manages preventative maintenance?			
4.3.5	Does your company maintain an inventory of critical parts, equipment and systems and is this inventory formally monitored through the preventative maintenance systems?			
4.3.6	Does your company have a program for identifying and reporting substandard safety practices?			
4.4	Incident / Accident Investigations			
4.4.1	Does your company have a written procedure for the reporting and investigation of accidents and near miss incidents?			
4.4.2	Does your company review and follow-up all incident reports?			
4.4.3	Are incident reports reviewed and signed by Senior Management?			
4.4.4	Is incident data recorded and evaluated for the identification of trends to facilitate system improvement?			
4.4.5	Does your company maintain historical data relating to incidents as well as regularly review and report on such data?			
4.4.6	Is the historical data, statistics and reports available for review?			
4.4.7	Is formal training provided to those persons responsible for conducting and completing investigation reports?			
4.5	Emergency Preparedness			
4.5.1	Does your company have an Emergency Response Plan related to its activities and specific locations?			
4.5.2	Does your company provide emergency response training to its personnel?			
4.5.3	Does your company conduct regular drills & exercises with its emergency response team to test & review the effectiveness of the emergency response plan?			
4.6	Organizational Rules, Policies & Procedures			
4.6.1	Does your company have a risk assessment process to identify workplace hazards and their appropriate controls?			
4.6.2	Does your company have management programs for high risk work, and make reference to site-specific rules and procedures for the assessment of hazards and safe work planning prior to engaging in high risk work (e.g. fall protection, confined space, etc.)?			
4.6.3	Does your company make reference to following all applicable legislative requirements in the jurisdiction where work is being performed?			
4.6.4	Does your company have specific work procedures for each critical task or is reference made to following specific procedures where required?			
4.6.5	Does your company have procedures to prevent inadvertent operation of equipment, where such operation could result in personal harm (e.g. Work Permit System)?			
4.6.6	Does your company have an engineering/design standard that outlines the company's commitment to following applicable acts, statutes, regulations and industry standards?			
4.7	Employee Knowledge & Skills Training			

Questions		Yes	No	N/A
4.7.1	Does your company have specific requirements regarding training in: WHMIS, First Aid, CPR, Transportation of Dangerous Goods (TDG)			
4.7.2	Does your company undertake a Safety/Job Orientation for each newly hired or transferred Employee?			
4.7.3	Does your company have a system in place to identify and support new or transferred workers?			
4.7.4	Are training records maintained and available for review?			
4.7.5	Does your company have a process to ensure that only competent workers, including supervision, will be used during the operation?			
4.8	Personal Protective Equipment			
4.8.1	Does your company have a policy or specific rules with respect to the use of Personal Protective Equipment (PPE)?			
4.8.2	Does your company have a formal process addressing the selection, use, care and maintenance requirements for PPE?			
4.8.3	Does your company have in a formal process for determining personnel PPE requirements for its operations?			
4.8.4	Does your company have a Respiratory Protection Program?			
4.8.5	Are those persons required to use respiratory protective equipment been deemed competent and properly trained to do so?			
4.8.6	Are employees provided instruction and training in the proper use and care of PPE?			
4.9	Health & Hygiene Control			
4.9.1	Does your company have a formal program for the recognition, evaluation and control of occupational health hazards (such as: noise, lighting, radiation, chemical exposure, vibration, ergonomics)?			
4.9.2	Does your company provide accessible and readily available Material Safety Data Sheets at the worksite for the controlled products that are used?			
4.9.3	Does your company have a program to monitor the use of hazardous substance in the workplace?			
4.9.4	Does your company have a WHMIS Program that includes information, training, labeling and Material Safety Data Sheets?			
4.10	OHS Committee / Safety Meetings			
4.10.1	Does your company have an Occupational Health & Safety (OHS) Committee or Worker Safety Representative for each worksite as per OHS Regulations?			
4.10.2	Are your OHS Committee members or Worker Safety Representatives trained as per current WHSCC requirements?			
4.10.3	Does your company inform workers of their rights to know, participate and to refuse unsafe work and the process for work refusals?			
4.10.4	Does your company have a written standard that outlines who is responsible for conducting the meetings, scheduling of meetings, recording the minutes as well as responsibility for completion of corrective actions?			
4.10.5	Does your company hold scheduled safety meetings, such as: General Safety Meetings for all crew and Departmental Meetings for each department at the worksite?			
4.10.6	Are tailboard/toolbox safety meetings conducted?			
4.11	Critical Operations & Task Analysis			
4.11.1	Does your company have a system for the identification of all critical tasks, operations and processes?			
4.11.2	Are procedures developed and periodically reviewed for all critical task, operations and/or processes?			

Questions		Yes	No	N/A
4.12	System Review & Evaluation			
4.12.1	Does your company conduct periodic audits to measure the effectiveness of your S&H program?			
4.12.2	Are performance-tracking measures compiled monthly and evaluated on a routine basis?			
4.12.3	Does your company have a system to ensure that compliance to their Management Performance Standards is assessed on an annual basis?			
4.13	Standards & Change Management			
4.13.1	Are relevant engineering, classification rules, codes, industry standards reviewed periodically?			
4.13.2	Does your company have a formal process to manage changes to critical tasks, operations, procedures, equipment or personnel?			
4.15.3	Does your company have a written statement that references S&H for purchasing material and renting equipment?			
4.13.4	Is a systematic process used to identify hazards and risk associated with new, or changes to existing work processes and procedures prior to the procedures being used?			
4.14	Personal Communications			
4.14.1	Does your company have a system to ensure that appropriate communication take place during shift and rotation changes (Handovers)?			
4.14.2	Does your company have in place a system to ensure that line management regularly interfaces with its employees on one to one basis?			
4.15	Sub-Contractor Management			
4.15.1	Do you employ Sub-contractors?			
4.15.2	Does your company have a sub-contractor policy?			
4.15.3	Does your company have a formal process for the selection and management of its sub-contractors including periodic evaluation of the Sub-contractors?			

STANDARD SAFETY AND HEALTH QUESTIONNAIRE	
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.