

BelVan Construction

Contractor

Compliance Program

PART A - SUBMITTALS

CONTRACTOR INFORMATION

Company Name: _____

Address: _____

City: _____ Province: _____ PC: _____

Phone: _____ Fax: _____

Version 2.0

Contractor Compliance Program – Part A Submittals

1.0 The Contractor's Health and Safety Compliance Program

It is our outmost goal that everyone who goes on a BelVan Construction site is safe. In order to accomplish this goal, we require all of our contractors to work in cooperation and with the intent to provide a safe work environment for everyone involved. The implementation of the contractor's Health and Safety Compliance Program will consist of the following requirements:

- 1) Fill out the information in the Contractor Pre-Qualification Standards and return a copy to BelVan Construction. This is the first stage of our Contractor's Health and Safety Compliance Program.
- 2) Once the Pre-Qualification Standards are reviewed the Contractor must provide the required necessary corrective action, including training for the employees. A record of training form is included in the Contractor Pre-Qualification Standards.
- 3) Review the BelVan Construction Contractor Health and Safety Compliance Program information and sign and date the document. Return a copy to BelVan Construction for their files. Please ensure that these requirements have been reviewed with your site supervisor.
- 4) Review and fill out the Contractor Information Package and sign and date the document. Return a copy to BelVan Construction for their files.
- 5) Every Contractor and their employees must attend a safety management system orientation. This orientation will include the review of the BelVan Construction contractor Health and Safety Compliance Program, the Contractor/Self-Employed/Service Providers Safety Responsibility and Accountability checklist and supervisor training. The Contractor may be required to cover the cost of this training.
- 6) Provide competent supervision on the work site at all times and provide and maintain a safe working environment for the duration of the project. All other safety documentation shall be completed as required and available for review upon request.
- 7) All Contractors must comply with the BelVan Construction Health and Safety Program at all times.
- 8) Contractors that have their own Health and Safety program must submit a copy to BelVan Construction for review. BelVan Construction reserves the right to audit the Health and safety program of all Contractors. As requested the contractor must provide BelVan Construction with copies of the health and safety program, training records, incident records and hazard assessments. BelVan Construction encourages all contractors to achieve their COR or SECOR, whichever applies.
- 9) The Contractors Health and Safety Program must be equal to or exceed the expectations of BelVan Construction Health and Safety Program and Occupational Health and safety legislation. In cases where the Contractors does not have a Health and Safety Program, the Contractors will comply with and follow the BelVan Construction Health and Safety Program at all times.
- 10) The Contractors must ensure the competency of all employees on BelVan Construction sites.
- 11) BelVan Construction will address all non-compliance issues in writing using the Non-Compliance Warning System outlined in the BelVan Construction Health and Safety program.
- 12) Contractors must report all incidents immediately, including Near Miss and Potentially Serious Incidents (PSI) to BelVan Construction . All Near Misses, Hazard ID's, Unsafe Acts and Unsafe Conditions are to be documented Caution Card.
- 13) Contractors and self-employed persons must ensure compliance with OHS Act Part 2 Section 11 (a-f).

For those Contractors who need assistance in meeting the requirements of the Contractor Health and Safety Compliance Program, please contact:

BelVan Construction: Les Yochim – les@belvangroup.com

Or Karen Sterling – karen@belvangroup.com

2.0 Contractors Pre-Qualification Standards

Company/Self Employed Information

Company/Individual Name: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____
 Phone Number: _____ Fax Number: _____
 Website: _____ Email: _____

Main Company Contact (Owner/Director/President)

Contact Name: _____ Position/Job Title: _____
 Phone Number: _____ Cell Phone/Other: _____
 Email: _____

Other Contacts

Safety Contact: _____ Phone number: _____
 Supervisor/Foreman: _____ Phone Number: _____

Employee/Worker List: A complete list of all employees/workers for the company must be listed in the table below. Please use additional paper if required.

Name	Work Type	Email	Cell

3.0 Type of Work Performed

Please describe the services you provide: _____

Date of Incorporation: _____

_____ Location

_____ Date

Have you worked for BelVan Construction before? Yes No

If yes, when, where, and what service did you provide?

Number of Projects in the last three years: 2019: _____ 2018: _____ 2017: _____

4.0 WCB Information

WCB Account #: _____ Industry Code: _____

WCB Rates for: \$ _____ (2020) \$ _____ (2019) \$ _____ (2018)

Number of lost time incidents for last three years: _____

Number of medical aid injuries for last three years: _____

Do you have a modified work program in place? Yes No

Does the Company have a full time Health and Safety Representative on site? Yes No

5.0 Insurance Information

Insurance Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Name: _____ Position/Job Title: _____

Phone Number: _____ Fax Number: _____

Policy #: _____ Amount of Liability Coverage: \$ _____

6.0 Health and Safety Program

Does the company currently have a written Health and Safety Program? Yes No

If yes, how long have you had a written program in place? _____

Is the Health and Safety Manual available to all employees on site? Yes No

Is a copy of the Alberta OHS Act, Regulation and Code book available to employees on site? Yes No

Does the company have a COR or SECOR? Yes No

If yes, which: _____

How many years have you been COR or SECOR Certified? _____

How does the company record First Aid and Injury Incidents? _____

How many have been reported in the past year? _____

How does the company record Near Misses? _____

How many have been reported in the past year? _____

Does the company have a standard Hazard Assessment form? Yes No

Does the company have a minimum mandatory PPE requirement? Yes No

If yes, please explain: _____

Are the employees given instructions or training in the use of PPE as required? Yes No

Does the company hold regularly scheduled Safety Meetings? Yes No

6.0 Health and Safety Program (cont'd)

Safety Data Sheets (SDS)

Does the company provide and manage all SDS for all controlled products as outlined in the WHMIS Regulations?
 Yes No

If yes, please provide a copy of a summary of the SDS information your company uses (such as an inventory list).
 Copy attached? Yes No

Substance Abuse

Do you have a Substance Abuse Program? Yes No
 Does the company perform Pre-Employment testing? Yes No
 Does the company perform random drug and alcohol testing? Yes No
 If an incident occurs, does the company perform testing for a cause? Yes No
 Do you have an Employee Assistance Program (EAP)? Yes No

Emergency Response Plan

Does the company provide adequate first aid kits for company vehicles and worksites? Yes No
 Does the company provide adequate fire extinguishers for company vehicles and worksites? Yes No
 Do you have adequate staff trained to perform First Aid and CPR on the worksites? Yes No

Orientation & Training

Does the company provide a formal orientation program for all new employees? Yes No
 Do you record training your Supervisors and Employees have taken? Yes No
 Do Employees receive an employee handbook that includes topics such as: Health and Safety Rules, Safe Work Practices, Safe Job Procedures, Emergency Response Information? Yes No

Fall Protection

Does the company work in heights over 3 meters? Yes No
 Are all workers trained and certified in Fall Protection? Yes No
 Does the company create fall protection plans? Yes No

Equipment/Maintenance/Inspections

Is there a maintenance program for powered mobile equipment in place? Yes No
 Are regular inspections performed on equipment (e.g. cranes, pickers, forklifts, etc.) Yes No
 Do you use elevated platforms or aerial devices? Yes No
 Are workers certified to operate these devices? Yes No
 Do you operate and maintain Crane hoists and lifting devices? Yes No
 Are workers certified to operate these devices? Yes No
 Do you request driver abstracts from every driver operating company vehicles? Yes No

7.0 Documentation Submittal

Please submit the following Completed Documents to: (Insert email)

- WCB clearance letter of good standing addressed to BelVan Construction – This can be obtained via the WCB website - clearance letter.
- Copy of Certificate of Recognition COR/SECOR or other: _____
- Provide a current record of liability insurance.
- Training Records- Provide an up to date training matrix or list of certifications for employees (including equipment certification, fall protection, WHMIS, First Aid, Confined Space Entry, etc.)
- List of Equipment- Provide a list of equipment either owned or rented that will be mobilized to site and provide valid certification for the equipment.
- Chemicals /Safety Data Sheets- Provide a list of chemicals that will be mobilized to site, and the applicable Safety Data Sheets.
- Table of Contents of your Health and Safety Manual (if applicable).
- Copies of completed orientation checklists for all employees prior to beginning work.

8.0 Site Documentation Requirements

The following documents MUST be available to workers on site at all times:

- Formal Hazard Assessments
- Field Level Hazard Assessment cards. A completed FLHA for the current scope of work must be available.
- Emergency Response Plan
- Site Inspection procedure and form
- Contractor Health and Safety Orientation forms
- Training certifications for all workers on site
- Incident Investigation procedure and forms
- Copy of current Alberta OHS Legislation

9.0 Contractor Pre-Qualification Compliance Standards Acknowledgement

BelVan Construction would like to take this opportunity to thank you for completing this Contractor Pre-Qualification Submittals package. Once the package is reviewed and accepted, BelVan Construction will be providing you with a copy of the “Contractors Health and Safety Compliance Program” to ensure all Contractors are operating in a consistent manner. It is BelVan Construction’s expectation that all Contractors are in accordance with the Alberta OHS Legislation, along with any other applicable laws that govern work site safety. The program was developed to assist in the creation of a safe work environment on all of BelVan Construction’s worksites. All Contractors will be required to comply with these requirements.

BelVan Construction does not condone any form of substance abuse in the workplace. Site specific requirements may require the Contractor to provide a drug and alcohol test for reasonable cause. BelVan Construction requires you to advise all of your employees of these conditions.

This information shall be treated as confidential, and BelVan Construction will not directly or indirectly disclose this information to any third party (except to BelVan Construction Safety Representative) for any reason without the prior written consent.

The Contractor has completed and provided true and accurate information in this document. The Contractor agrees to provide BelVan Construction with all of the documentation requested in this Contractors Pre-Qualification Standards package.

10.0 Contractor Acknowledgement

Understood, Accepted, and Agreed to upon this _____ day of _____, 20_____.

 Contractor Company Legal Name

 Address including City, Province and Postal Code

 Contractor Authorized Signature

 Contractor Print Name

 Authorized Signature
 BelVan Construction

 Date