

CONTRACTOR SAFETY CHECKLIST

Part A: HAZARD IDENTIFICATION AND RISK ASSESSMENT *(completed by representative of LM-FM Dept. hiring the contractor)*

Name of Contract:

SITE/LOCATION(S) of work:

Describe the work/service to be provided to LM-FM *(include approximate numbers of contract staff, if known)*

Work Activity Hazards/Conditions *(Please indicate yes or no as well as specific department (if applicable) where hazard exists)*

HAZARD	Does Apply	Exposure/ Proximity	Handling/ Use	Waste Disposal Required	Evidence of Safety Program/ Procedure required from Contractor	Comments: Special Precautions Required? Reference to LM-FM protocols
1. Asbestos Materials	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Blood & Body Fluids	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Chemical Products	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	*MSDS required
4. Confined Space	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Cytotoxics	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. De-energization/Lock Out	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Electrical, Gas Utilities	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Fall Hazards >3m	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Hazardous Spills	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	*MSDS required
10. Heat/Cold Stress	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. High Level Disinfectants	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Infectious Agents (ex TB)	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Interaction with Public	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Interstitial Floor Access	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Low & High voltages	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Medical Gases	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Noise >82 dBA Lex	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Personal Protective Eqpt	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Radiation	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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20. Rooftop Access	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Sharps/Medical Waste	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Ventilation Intake/Exhaust	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Work in Patient Rooms	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Working Alone/Isolation	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Workplace Violence	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Other:	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Other:	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> N

Every reasonable effort has been made to identify and assess these potential hazards and conditions to the best of the assessor's ability, knowledge and training:

Assessor (<i>print & sign</i>)	Title	Dept.	Date
(if applicable) Assisted by (<i>print & sign</i>)	Title	Dept.	Date

Part B: CONTRACTOR INFORMATION (to be completed by contractor representative)

LM-FM requires all contractors to demonstrate proficiency in safely performing all contracted work. This may include providing written specific safe work procedures, written OH&S programs and evidence of worker training. **All contractors (incl. Subs) must specify an OH&S representative.**

Contractor: _____

Main Office: _____
Street Address City Postal code

Will your firm be hiring any sub-contractors for the job(s)? Yes No (sub-contractors must also complete a checklist)

> If "yes", name of sub-contractor(s): _____

Sub-Contractors, name the General Contractor: _____

WCB Registration Number: _____

Will your firm be using any hazardous materials or equipment/machinery at the LM-FM site which may potentially pose a risk to LM-FM staff, patients or visitors?

Yes No If "yes", describe material/equipment: (Material Safety Data Sheets required to be on site for all hazardous materials)

Briefly outline controls to be used to minimize/eliminate exposure to LM-FM staff:

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■ First Aid Services for contractor employees will be provided by (name agency): _____
 (Contractor employees must know how to contact First Aid)

It has been agreed to that:

- All work shall comply with WSBC OH&S Regulation, and all applicable bylaws, codes and standards,
- The Contractor has been informed of the hazards/conditions posed by the site, and have reviewed and understand the information outlined in Part A of this form,
- A Joint Health and Safety Committee will be established on every LM-FM facility where the contractor regularly maintains 20 or more contractor employees for that site (*Workers Compensation Act Div 4 s.125*),
- Employees of the contractor have been adequately educated and trained to safely complete the contracted work,
- Employees of the contractor have access to personal protective equipment as required,
- Project/Job specific safe work procedures and safety programs required as per Part A of this form will be made available by the contractor upon request from LM-FM,
- Where applicable, work permits have been obtained from the appropriate agency (WCB, City Hall etc.),
- Where applicable, a Notice of Project has been submitted to the WSBC prior to the job start.

Orientation/ Start-Up Meeting: _____
Date Location

	Name (Print)	Signature	Contact Number	Date
Contractor Site Supervisor:				
Contractor OH&S Rep:				
LM-FM Contract Manager:				
WHITE - OH&S (E&WH&S Department) CANARY - Department Hiring Contractor PINK - Contractor				