

CONTRACTOR SAFETY AGREEMENT

All contractors and self-employed persons working on Pembina Trails School Division property must comply with the Safety and Health Act and Regulations of Manitoba in the performance of this contract. Safety is of paramount importance and as a condition of employment, is the personal responsibility of each worker.

Every contractor or self-employed person working on a project at one of our sites shall provide a copy of their safety program. Where a contractor or self-employed person does not have their own safety program, they will fall under the prime contractors S&H program and must comply with their Safety Program and be provided with a safety orientation. Contractors or self-employed persons will be required to provide their own risk assessments, safe work procedures and MSDS for the job they are doing.

Contact numbers and a schedule of workers needing to enter facilities must be provided to the Maintenance Supervisor and School Head Caretaker.

Appropriate signage will be placed prior to work beginning. Where required, instructions on lock-out of energy sources will be discussed with the Head Custodian or other appropriate worker at the site. Any live work will require an "Energized Work Permit" from the WSH Officer.

As a condition of a contract with Pembina Trails School Division the contractor or self-employed person must provide the following information.

WCB #: _____
COR # _____ Safety Program Registration # _____ or
Training Records: _____

I / We hereby acknowledge receipt of information on requirements for the Safety and Health at Pembina Trails School Division and will adhere to the terms set herein and cooperate with all policies and procedures.

Name of Contractor _____ Start Date: _____ End Date: _____

Description of Contractor _____

(Prime, Contractor, Self-Employed Person Signature) Date: _____

(Pembina Trails SD Representative Signature) Date: _____

CONTRACTORS CHECKLIST

Workers Name: _____ Date: _____
(Please Print)

Company Name: _____
(Please Print)

Pembina Trails School Division Contact Person(s):

Primary: _____ Phone#: _____

Secondary: _____ Phone#: _____

Prior to performing work for The Pembina Trails School Division, the contractor / self-employed person has provided / been advised of the following information:

Orientation Items	YES	NO	N/A	Comments
Sub-Contractor Has Provided To Us				
Contact Name and Number where he can be reached Name: _____ Cell: _____				
Names and contact numbers of job site safety supervisors Name: _____ Cell: _____ Name: _____ Cell: _____ Name: _____ Cell: _____				
Proof of Liability Insurance:				
Provide School Division with a copy of your Company's current written Health and Safety Program				
WCB Information: <ul style="list-style-type: none"> • WSH Division – Release of Employer Information Request Form • WCB Clearance , https://www.securewcb.mb.ca/clearances/logon.jsp • Proof WCB Coverage 				
WHMIS: Will Controlled Products Be Used? Proof of WHMIS Training? MSDS for all Controlled Products used while performing work on site?				
Supervisor on site at all times				
Safety meetings & inspections				
Safety personnel on site at all times (larger projects)				
Site Specific				
Job Specific Safety Management Plan Including: <ul style="list-style-type: none"> • Written hazard and risk assessments • First Aid Preparedness • Emergency Response Plans • Washrooms • Lunchroom • Incident Reporting Procedures • Restricted areas / traffic patterns • Mandatory PPE (footwear, head, eye, fall protection) • Hot Work 				

• Material Storage				
• Safe Work Procedures – high risk work - Fall protection - Lockout & Energized Work Permit (working live)				
• Crawl Space Access				
• Housekeeping – ongoing daily, Project wrap-up				
• Smoking				
• Equipment (scissor lift, JLG, cranes, forklift, zoom boom, etc.)				
• Driving while on site				
• List of workers entering the building. Check in / out				
• Parking				
• Worker orientation – see the attached				
Owner Notification				
Near Miss				
Personal Injury				
Property Damage				
Safety meetings (tool box meetings)				
Hot Work Permits				
School's Emergency Response Plan				
Exits				
Muster Point				
Warning signals (follow all fire drill, lock down, lock out, etc.)				
We Have Mutually Established				
System of Information Exchange				
Clarification of Responsibilities Re: WSH hazards associated with the job				
Company representative assigned to the project to ensure compliance with prescribed requirements				
Ensure relevant WSH requirements of our company are applied to sub-contracted workers				
A plan to monitor sub-contracted workers				
When health and safety reports and documents are to be submitted				
Contracted Employer Safety Agreement Signed				
Site Supervision – supervisor must be on site at all times.				
Other				
Other				

I have been provided with a safety orientation. I understand this information and will ensure that this information is provided to my workers and to any sub-contractors prior to commencing work on site. I understand the risks of performing work in the facility both to myself and my workers. I will at all times ensure that my workers and my sub-contractors work in compliance to the Workplace Safety and Health Act and in accordance to safety policies and procedures of the School Division to minimize any risks.

I also understand that any unsafe work practices or other misconduct while working on Pembina Trails School Division buildings or property may result in immediate escort from the facility and in the event that a contractor, their workers or the self-employed person, do not agree to follow these expectations or will not use the appropriate safety equipment, they will not be allowed to continue work on this site.

Contractor Signature Date: _____

Pembina Trails Project Supervisor Signature Date: _____



Workplace Safety & Health

200-401 York Avenue
Winnipeg, Manitoba
R3C 0P8
Phone: (204) 945-3446
Toll-free in Canada: 1-866-888-8186
Fax: (204) 948-2209

Date Received (WSH):

Release of Employer Information Request Form

Requestor Contact Information (Required)			
Name		Date	
Address	City, Town, Municipality	Postal Code	
Phone	Email		
Employer Information			
Company Name		Company Phone	
Address	City, Town, Municipality	Postal Code	
Union or Association name (Where applicable)			
Requesting Information On (Select Applicable)			
Date of Last Inspection	<input type="checkbox"/>	Fatalities and Serious Incidents (As defined in Legislation)	<input type="checkbox"/>
Improvement Orders Issued at Last Inspection (If any)	<input type="checkbox"/>	COR Certification	<input type="checkbox"/>
Stop Work Orders Issued at Last Inspection (If any)	<input type="checkbox"/>	Safety and Health Committee Reporting to WSH	<input type="checkbox"/>
Prosecution Fines, Administrative Penalties and Status (Paid or Outstanding)	<input type="checkbox"/>		
Comments/Questions: _____ _____			
Release of information limited to <i>one employer per request.</i>			
For requests beyond these parameters, contact: FIPPA Co-ordinator Manitoba Family Services and Labour Phone: 204-945-2013 Toll Free: 1-800-282-8069 ext 2013 (Manitoba only) E-mail: fippa@gov.mb.ca			
The personal information you provide on this form is needed to respond to your access request. It is collected under the authority of clause 36(1)(a) of <i>The Freedom of Information and Protection of Privacy Act</i> (the "Act") and the <i>Access and Privacy Regulation</i> . Your personal information is protected by the Act. We cannot use or disclose your personal information for other purposes unless you consent or we are authorized to do so by the Act. If you have any questions about your personal information, please contact the Access and Privacy Coordinator of the public body to which you sent your access request.			
Keep a copy of this form for your records.			

EMERGENCY CONTACT LIST



SITE SPECIFIC EMERGENCY CONTACT LIST

SCHOOL LOCATION:					
PROJECT:					
CONTRACTOR NAME:					
PROJECT START DATE:		END DATE:		# WORKERS:	

NAME (PRINT)	JOB TITLE	CELL #	E-MAIL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

PEMBINA TRAILS SD CONTACT LIST

NAME	TITLE	CELL #	EMAIL
KERRI JOSS	DIRECTOR FACILITIES	204-805-3746	kjoss@pembinatrails.ca
JOHN MELO	ASST. DIR. FACILITIES	204-229-0268	jmelo@pembinatrails.ca
DAN SHEDDEN	CARPENTRY SUPERVISOR	204-232-2352	dshedden@pembinatrails.ca
BRENT VANDENBOSCH	UTILITIES SUPERVISOR	204-471-7985	bvandenbosch@pembinatrails.ca
LORIE CARRIERE	SAFETY OFFICER	204-232-5338	lcARRIERE@pembinatrails.ca

CONTRACTOR'S SAFETY ORIENTATION/DECLARATION FORM

All construction and maintenance work undertaken by contracted parties for Pembina Trails School Division will be performed in a safe manner. The references outlined below must be read and the **declaration form must be signed prior to start-up**. Review of contractor's safety orientation and signing of declaration form must be completed annually.

Contractor Name: _____

Address: _____

Does your company currently have a Safety & Health Program? Yes No

If yes, is your company COR or SECOR certified? Yes No Certification #: _____

If no, does your company have any safety systems in place? Yes No

If yes, please specify: _____

Please mark the items below for all applicable training you / your workers currently hold:

<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	Articulating boom lift	<input type="checkbox"/>	Asbestos Abatement
<input type="checkbox"/>	Confined Space	<input type="checkbox"/>	WHMIS (annual)	<input type="checkbox"/>	Mold Abatement
<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Lockout / Tag-out	<input type="checkbox"/>	TDG
<input type="checkbox"/>	Ladder Training	<input type="checkbox"/>	Arc Flash	<input type="checkbox"/>	Working Alone
<input type="checkbox"/>	Forklift	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	
<input type="checkbox"/>	Zoomboom	<input type="checkbox"/>	Respirator fit tested	<input type="checkbox"/>	
<input type="checkbox"/>	Scissorlift	<input type="checkbox"/>	First Aid / CPR	<input type="checkbox"/>	

DECLARATION:

- I have read the information provided to me by Pembina Trails SD respecting my company's safety and health requirements when working on divisional property:
 - Pembina Trail's SD General Contractor Safety Orientation Manual
 - Pembina Trails SD Safety Policy
 - Personal protective Equipment (PPE)
- As required by all employers in the Province of Manitoba, I have obtained current copies of Workplace Safety and Health Legislation and Guidelines.
- As required by all employers in the Province of Manitoba, I will ensure workers are supervised by a competent supervisor, who is familiar with WSH Act and Regulations, and properly trained prior to starting work on divisional property.
- As required by all persons in the Province of Manitoba, I will share required information with the division, and those affected, necessary to identify and control both the existing and potential hazards.
- My company's employees and I will ensure that all accidents, incidents and near misses that occur on divisional property will be immediately reported to the responsible Pembina Trails supervisor and/or Safety & Health Officer.
- My company's employees and I meet the minimum safety training requirements and have valid certifications, qualifications and/or competencies as outlined in Manitoba's Workplace Safety and Health legislation.

Print name: _____ Signature: _____

Company: _____ Date: _____ / _____ / _____
(Month) (Day) (Year)

Please sign and forward to the Pembina Trails SD Safety Officer via fax or email.

