

APPENDIX A

CONTRACTING ORGANIZATION HEALTH AND SAFETY QUESTIONNAIRE



This questionnaire will determine how you fit into your principal contracting organization’s health and safety management system. Meet with your contracting organization’s contact and determine the answers to the questions. If they answer “no” to any of the questions, you will have to implement systems to deal with the item. While completing this form, take notes, ask for copies, ask for examples, ask how often, etc. These questions will allow you to be prepared when health and safety issues arise.

| | | | |
|------------------------------|--|---------------------|--|
| Small Employer Name : | | | |
| Representative : | | | |
| Telephone Number : | | Fax Number : | |

| QUESTIONS TO ASK THE CONTRACTING ORGANIZATION | YES | NO |
|-------------------------------------------------------------------------------------|-----|----|
| 1. Do I/we have a contact person for health and safety issues? (Name:) | | |
| <i>If “No” or for any variances, please explain.</i> | | |
| 2. Will you be conducting safety inspections on the work that I do? | | |
| 2.1 Are there specific procedures for reporting hazards to you? | | |
| 2.2 Will I/we be notified when the hazards have been corrected? | | |
| 2.3 Are there specific health or safety hazards we should be aware of on your site? | | |
| <i>If “No” or for any variances, please explain.</i> | | |
| QUESTIONS TO ASK THE CONTRACTING ORGANIZATION | YES | NO |
| 3. Are there specific job procedures that we are required to follow? | | |
| <i>If “No” or for any variances, please explain.</i> | | |



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| 4. Are there site specific safety rules to follow? | | |
| 4.1 Is there specific PPE required on this site? | | |
| 4.2 Do you provide any PPE? | | |
| <i>If "No" or for any variances, please explain.</i> | | |
| 5. Are there specific emergency response procedures we need to follow for: | | |
| 5.1 Site evacuation (responsibilities, signals, communications)? | | |
| 5.2 Medical emergency evacuations? | | |
| 5.3 First aid for serious injuries? | | |
| <i>If "No" or for any variances, please explain.</i> | | |
| 6. Do you require site health and safety orientation? | | |
| <i>If "No" or for any variances, please explain.</i> | | |
| 7. Do I/we require specific health and safety training for work performed on your site (H₂S, WHMIS, confined space, etc.)? | | |
| <i>If "No" or for any variances, please explain.</i> | | |

| QUESTIONS TO ASK THE CONTRACTING ORGANIZATION | YES | NO |
|-----------------------------------------------------------------------------------------------|-----|----|
| 8. Are we required to attend your safety meetings? | | |
| <i>If "No" or for any variances, please explain.</i> | | |
| 9. Are there specific procedures we must follow for accident/incident reporting? | | |
| <i>If "No" or for any variances, please explain.</i> | | |
| 10. Are there specific procedures we must follow for accident/incident investigations? | | |
| <i>If "No" or for any variances, please explain.</i> | | |

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|--------------------------------------------|--|--------------------|--|
| Contracting Organization Name: | | | |
| Representative: | | | |
| Telephone Number: | | Fax Number: | |
| Signature: _____ Date: _____ | | | |