

# 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
<b>Sub-Contractor Has Provided To Us</b>				
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"> <li>• WSH Division – Release of Employer Information Request Form</li> <li>• WCB Clearance , <a href="https://www.securewcb.mb.ca/clearances/logon.jsp">https://www.securewcb.mb.ca/clearances/logon.jsp</a></li> <li>• Proof WCB Coverage</li> </ul>				
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)				
<b>Site Specific</b>				
Job Specific Safety Management Plan Including: <ul style="list-style-type: none"> <li>• Written hazard and risk assessments</li> <li>• First Aid Preparedness</li> <li>• Emergency Response Plans</li> <li>• Washrooms</li> <li>• Lunchroom</li> <li>• Incident Reporting Procedures</li> <li>• Restricted areas / traffic patterns</li> <li>• Mandatory PPE (footwear, head, eye, fall protection)</li> <li>• Hot Work</li> </ul>				

• 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				
<b>Owner Notification</b>				
Near Miss				
Personal Injury				
Property Damage				
Safety meetings (tool box meetings)				
Hot Work Permits				
<b>School's Emergency Response Plan</b>				
Exits				
Muster Point				
Warning signals (follow all fire drill, lock down, lock out, etc.)				
<b>We Have Mutually Established</b>				
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				
<b>Site Supervision</b> – supervisor must be on site at all times.				
<b>Other</b>				
<b>Other</b>				

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: \_\_\_\_\_

# 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
GORD HOWE	DIRECTOR FACILITIES	204-226-2346	<a href="mailto:ghowe@pembinatrails.ca">ghowe@pembinatrails.ca</a>
KERRI JOSS	ASST. DIR. FACILITIES	204-805-3746	<a href="mailto:kjoss@pembinatrails.ca">kjoss@pembinatrails.ca</a>
LEON PREVOST	CARPENTRY SUPERVISOR	204-981-9163	<a href="mailto:lprevost@pembinatrails.ca">lprevost@pembinatrails.ca</a>
BRENT VANDENBOSCH	UTILITIES SUPERVISOR	204-471-7985	<a href="mailto:bvandenbosch@pembinatrails.ca">bvandenbosch@pembinatrails.ca</a>
LORIE CARRIERE	SAFETY OFFICER	204-232-5338	<a href="mailto:lcARRIERE@pembinatrails.ca">lcARRIERE@pembinatrails.ca</a>

# 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:

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

## 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.**