

Appendix II-D-1

Contract Employer – Compliance Questionnaire

Bidder's Name: _____ Document #: _____

Section 4 of The Workplace Safety and Health Act C.C.S.M. C. W210, requires employers to implement workplace safety and health management systems and programs that ensure the safety and health of his workers. Section 7.4 of The Workplace Safety and Health Act C.C.S.M. C. W210 requires employers to establish a written workplace safety and health program for each workplace where 20 or more workers are employed.

1. Company Name: _____
Mailing Address: _____

2. Nature of Business: (please describe):

3. Does your company have an individual assigned to safety? Yes No

If yes, what percentage of their time is devoted to safety activities? _____

Name: _____ Phone #: _____

4. Workers' Compensation History:

Number of Lost Time Injuries - Submit past two years. _____

5. Manitoba Labour, Workplace Safety & Health Branch Inspections:

Number of Improvement Orders, including Stop Work past two years: _____

Describe Orders:

6. Are you safety certified (Certificate Of Recognition COR or equivalent) Yes No
If yes, attach current Certificate with Bid and complete Sections 14 & 15 of this Questionnaire.
If no, complete the remainder of this Questionnaire.

7. Is your company currently working towards a Certificate of Recognition (COR) or equivalent accreditation in safety management? Yes No

If yes, what is your current status and estimated completion date?

8. Number of years employed in your company _____

9. Does your company have a written Safety and Health program? Yes No

If yes, "check" the elements that the program includes

- a policy statement respecting your commitment to the protection of the safety and health of workers at the workplace;
- a statement of the responsibilities of the employer, supervisors and workers at the workplace;
- a plan for training workers and supervisors in safe work practices and procedures;
- a schedule for the regular inspection of the workplace and of work processes and procedures at the workplace;
- a hazard identification and control program
- an emergency response program that includes the identification of internal and external resources, including personnel and equipment, that may be required to respond to an emergency at the workplace;
- a procedure for investigating accidents, dangerous occurrences and refusals to work ;
- a procedure for worker participation in workplace safety and health activities, including inspections and the investigation of accidents, dangerous occurrences and refusals to work;
- a plan for the control of any biological or chemical substance used, produced, stored or disposed of at the workplace
- a statement of the procedures to be followed to protect safety and health in the workplace when another employer or self-employed person is involved in work at the workplace that includes
 - criteria for evaluating and selecting employers and self-employed persons to be involved in work at the workplace, and
 - procedures for regularly monitoring employers and self-employed persons involved in work at the workplace;

If you haven't already done so, include a copy of your written safety and health program with your bid.

10. Please specify whether your company's worker safety training program includes training in relation to the following elements by writing "yes", "no" or "N/A" for not applicable to your operational activities in the space provided beside the particular element?

Head Protection	Lockout/Tagout Procedures
Eye Protection	Emergency Response Procedures
Hearing Protection	WHMIS
Respiratory Protection	Trenching and Excavation
Fall Protection Systems	Workzone Traffic Control &
Scaffolding	Electrical Safety
Fire Prevention/Protection	Rigging and Crane Safety
Housekeeping	Confined Space Entry
First Aid Training	Equipment Operation
Other (Specify)	Other (Specify)

11. Please specify whether your company's supervisor safety training program includes the following elements by writing "yes", "no" or "N/A" for not applicable to your operational activities in the space provided beside the element.

Hazard Identification and Control	Safety Supervision
Tailgate/Toolbox Meetings	Emergency Response Procedures
First Aid Procedures	Accident Investigations
Workplace Inspections	Safe Work Practices
Fire Protection and Prevention	New Worker Orientation
WHMIS	Other (Specify)

12. Do you hold regular safety meetings with workers? Yes No

If yes, how frequently? Daily Weekly Monthly

13. Do you conduct worksite safety inspections? Yes No

If yes, who conducts the inspections (title): _____

How often are inspections conducted? Daily Weekly Monthly

14. You may be required to provide additional information respecting your company's safety and health program and/or a project safety plan to the project manager prior to the pre-construction meeting. Please provide the name and title of the individual who would be responsible for providing the information and/or the Plan.

Name: _____ Phone #: _____

Title: _____

15. The information provided in reposes to this Workplace Safety and Health Compliance Questionnaire is true and accurate.

Name: _____ Phone #: _____

Title: _____

Signature: _____ Date: _____