

1.	Safe	Work Performance							
1A	Injury Experience / Historical Performance – Alberta								
	Use the previous three years injury and illness records to complete the following:								
	Yea	ar							
	Nur	nber of medical treatment cases							
	Nur	nber of restricted work day cases							
	Nur	nber of lost time injury cases							
	Nur	nber of fatal injuries							
	Tot	al recordable frequency							
	Los	t time injury frequency							
	Nur	nber of worker manhours							
	1	Medical Treatment Case			or illness requiring tre rovided under the dir				
	2	Restricted Work Day Case	Any occupational injury or illness that prevents a worker from performing any of his/her craft jurisdiction duties						
	3	Lost Time injury Cases	Any occupational injury that prevents the worker from performing any work for at least one day						
	4	Total Recordable Frequency	Total number of Medical Treatment, Restricted Work and Lost Time Injury cases multiplied by 200,000 then divided by total manhours						
	5	Lost Time Injury Frequency	Total number of Lost Time Injury cases multiplied by 200,000 then divide by total manhours						
1B	Wo	rkers' Compensation Experience							
	Use	e the previous three years injury and	l illness records	to complet	e the following (if app	olicable):			
Industry Code: Industry Classification:									
	Yea	ar							
	Ind	ustry Rate							
	Cor	ntractor Rate							
	% [Discount or Surcharge							
	-	our Workers' Compensation accour ease provide letter of confirmation)	it in good stand	ing?		Yes	No		
2.		tions							
2A	Has your company been cited, charged or prosecuted under Health, Safety and/or Environmental Legislation in the last 5 years? If yes, provide details:						No		
2B		your company been cited, charged	Yes	No					
another Country, Region or State? If yes, provide details:									
	<u> </u>								



3.	Citations									
	Does your company	y have a Cei	rtificate of	ate of Recognition?			Yes			
	If yes, what is the	Certificate	No:	Issue Date:						
4.	Safety Program	ty Program								
4A	Do you have a writt If Yes, provide a co		-	-				No		
4B	-					Yes		No		
40		Do you have a pocket safety booklet for field distribution? f Yes, provide a copy for review				165		INO		
4C	Does your safety program contain the following elements:									
	Yes No						Yes		No	
	Corporate Safety P			Equipment Maintenance						
	Incident Notification	Policy			Emergency Response					
	Recordkeeping & S	tatistics			Hazard Assessment					
	Reference to Legisl	ation			Safe Work Practices					
	General Rules & Regulations				Safe Work Procedures					
	Progressive Discipline Policy				Workplace Inspections					
	Responsibilities				Investigation Process					
	PPE Standards				Training Policy & Program					
	Environmental Standards				Communication Processes					
	Modified Work Prog	gram								
5.	Training Program									
5A	Do you have an orientation program for new hire employees? If Yes, include a course outline. Does it include any of the following:							No		
			1						_	
			Yes	No		Y	es	N	0	
	General Rules & Re	egulations	Yes	No	Confined Space Entry	Y	es	N	0	
	General Rules & Re Emergency Reporti	<u> </u>	Yes	No	Confined Space Entry Trenching & Excavation	Y	es	N	0	
		<u> </u>	Yes	No		Y	es		0	
	Emergency Reporti	<u> </u>	Yes	No	Trenching & Excavation	Y	es		0	
	Emergency Reporti Injury Reporting	ng	Yes	No	Trenching & Excavation Signs & Barricades	Y	es		0	
	Emergency Reporti Injury Reporting Legislation	ng	Yes	No	Trenching & Excavation Signs & Barricades Dangerous Holes & Openings	Y	es		0	
	Emergency Reporti Injury Reporting Legislation Right to Refuse Wo Personal Protective	ng Irk	Yes	No	Trenching & Excavation Signs & Barricades Dangerous Holes & Openings Rigging & Cranes	Y	es		0	
	Emergency Reporti Injury Reporting Legislation Right to Refuse Wo Personal Protective Equipment	ng vrk vres	Yes	No	Trenching & Excavation Signs & Barricades Dangerous Holes & Openings Rigging & Cranes Mobile Vehicles	Y	es			
	Emergency Reporti Injury Reporting Legislation Right to Refuse Wo Personal Protective Equipment Emergency Proced	ng vrk vres	Yes	No	Trenching & Excavation Signs & Barricades Dangerous Holes & Openings Rigging & Cranes Mobile Vehicles Preventative Maintenance	Y	es			
	Emergency Reporti Injury Reporting Legislation Right to Refuse Wo Personal Protective Equipment Emergency Proced Project Safety Com	ng vrk vres mittee	Yes	No	Trenching & Excavation Signs & Barricades Dangerous Holes & Openings Rigging & Cranes Mobile Vehicles Preventative Maintenance Hand & Power Tools	Y	es		0	
	Emergency Reporti Injury Reporting Legislation Right to Refuse Wo Personal Protective Equipment Emergency Proced Project Safety Com Housekeeping	ng ork ures mittee s	Yes	No	Trenching & Excavation Signs & Barricades Dangerous Holes & Openings Rigging & Cranes Mobile Vehicles Preventative Maintenance Hand & Power Tools Fire Prevention & Protection	Y	es			
	Emergency Reporti Injury Reporting Legislation Right to Refuse Wo Personal Protective Equipment Emergency Proced Project Safety Com Housekeeping Ladders & Scaffold	ng nrk ures mittee s ds	Yes	No	Trenching & Excavation Signs & Barricades Dangerous Holes & Openings Rigging & Cranes Mobile Vehicles Preventative Maintenance Hand & Power Tools Fire Prevention & Protection Electrical Safety		es			
5В	Emergency Reporti Injury Reporting Legislation Right to Refuse Wo Personal Protective Equipment Emergency Proced Project Safety Com Housekeeping Ladders & Scaffold Fall Arrest Standard Aerial Work Platform	ng ork ures mittee s ds ms gram for trair	ing newly	hired or pror	Trenching & ExcavationSigns & BarricadesDangerous Holes & OpeningsRigging & CranesMobile VehiclesPreventative MaintenanceHand & Power ToolsFire Prevention & ProtectionElectrical SafetyCompressed Gas CylindersWeather Extremesmoted supervisors?	Yes	es	N		
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Due Diligence New Worker Training Image: Constraint of the second secon		Employee Responsibilities		First Aid/M	edical Proce	dures			
Work Refusals Hazard Assessment Image Conservation Image Conservat		Due Diligence		New Work	er Training				
Inspection Processes Image and the second secon		Safety Leadership		Environme	ntal Require	ments			
Emergency Procedures Drug & Alcohol Policy Incident Investigation Progressive Disciplinary Policy Image: Comparison of the comparison of		Work Refusals		Hazard As	sessment				
Incident Investigation Progressive Disciplinary Policy Image: Control of Contro of Control of Control of Control of Control of		Inspection Processes		Pre-Job Sa	afety Instructi	ion			
Safe Work Procedures Safe Work Practices Image: Control of C		Emergency Procedures		Drug & Alc	ohol Policy				
Safety Meetings Notification Requirements Image: Control of		Incident Investigation		Progressiv	e Disciplinar	y Policy			
6. Safety Activities 6A Do you conduct safety inspections? Yes No Weekly Monthly Quarterly Describe your safety inspection process (include participation, documentation requirements, follow-up, report distribution) distribution Who follows up on inspection action items? Yes No Daily Weekly Biweekly 6B Do you hold site safety meetings for field employees? Yes No Daily Weekly Biweekly 6C Do you hold site meetings where safety is addressed Yes No Wohnthly Wonthly 6D Is pre-job safety instruction provided before to each new task? Yes No No 8E Do you have a hazard assessment process? Yes No No 8E Do you have a hazard assessment process? Yes No No 8F No ware hazard assessments communicated and implemented on each project? Yes No No 8F Do you roompany measure its H&S success? Are hazard assessment process? Yes No 8G How does your company measure its H&S success? Are incident reports and report summaries sent to the fealth & Safet		Safe Work Procedures		Safe Work	Practices				
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following and how often? Image: Constraint of the second seco	7.	Safety Stewardship			T	I	-	1	
Vice President/Managing Director Image: Comparison of the second secon	7A		ummaries sent to th	e Yes	No	Monthly	Quarterly	Annually	
Safety Director/Manager		Project/Site Manager							
		Vice President/Managing Director	or						
President/Chief Executive Officer		Safety Director/Manager							
		President/Chief Executive Office	r						





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7B	7B How are incident records and summaries kept? How often are they reported internally?			No	Monthly	Quarterly	Annually	
	Incidents totalled for the entire co							
	Incidents totaled by project							
	Subtotaled by superintendent							
	Subtotaled by foreman							
7C	How are the costs of individual ind often are they reported internally?		Yes	No	Monthly	Quarterly	Annually	
	Costs totaled for the entire compa	iny						
	Costs totaled by project							
	Subtotaled by superintendent							
	Subtotaled by foreman/general fo	reman						
7D	Does your company track non-inju	ury incidents?	Yes	No	Monthly	Quarterly	Annually	
	Near Miss							
	Property Damage							
	Fire							
	Security							
	Environmental							
8.	Personnel					<u> </u>		
List k	key health and safety officers planned	ed for this project. Att	ach resume.					
	Name	Positior	n / Title		Designation			
	bly name, address and phone numb idual have responsibilities other tha			alth and s	afety represen	tative. Does t	his	
Name Ado			ess		Telephone Number			
Othe	r responsibilities:							
9.	References							
	he last three company's your form h pational Health & Safety program	nas worked for that co	uld verify the	quality ar	nd managemer	nt commitmer	it to your	
	Name and Company	Addr	ress Telephone			phone Numbe	lumber	