

## Contractor Pre-Job Safety Checklist & Sign-Off

**To be reviewed and completed in conjunction with CapU Liaison and Contractor Representative.**

Campus Location:	CapU Department:
CapU Liaison:	Office/Cell:
Contractor Company Name:	Office/Cell:
Contractor Representative	Cell:
24 Hour Emergency Contact	Cell:
Work location:	Start Date
Length of work: (estimated days)	Normal work hours: _____ AM to _____ PM
Number of Employees on site:	Subcontractor(s):

**PLEASE READ**

The CapU Contractor Safety Program addresses Occupational Health and Safety requirements for all contracted construction, maintenance, and service projects. It applies to all employees of contractors, subcontractors, vendors, suppliers, consultants and all others involved in work on CapU properties.

Prior to commencement of work, a representative of the contractor, subcontractor, vendor, supplier, consultant must read the Contractor Safety Guidelines document and sign and submit this page to the CapU Liaison. They must also complete the Pre Job Safety Checklist and submit any forms or documentation as indicated to their CapU Liaison, as required. The contractor is responsible for ensuring that the relevant contents of the Safety Program have been communicated to the contractor's employees and subcontractors.

During the performance of any contracted work the Worker's Compensation Act, WorkSafeBC OHS Regulations and CapU Safety Program requirements must be strictly observed with no exceptions. At any time that a CapU representative observes an unsafe act, they may suspend the work pending further investigation. Any contractor, subcontractor, vendor, supplier or consultant not complying with this program will be ordered to cease work until compliance is achieved. Any contractor, subcontractor, vendor, supplier or consultant found in non-compliance with this program may be subject to dismissal. Any cost incurred due to non-compliance with this program will be borne by the contractor, subcontractor, vendor, supplier, or consultant.

Contractors, subcontractors, vendors, suppliers, consultants should consult their CapU Liaison for any questions concerning the requirements of the CapU Contractor Safety Program.

**Safety Orientation**

Have you reviewed the CapU Contractor Safety Guideline?	<input type="checkbox"/> Yes	Copy onsite
Are you prepared to provide First Aid while on site at CapU? (OSHR part 3)	<input type="checkbox"/> Yes	Mandatory
Do you have a written OHS Program for your employees (OSHR part 3)	<input type="checkbox"/> Yes	Mandatory
Do you have written fire/emergency procedures for the project site? (BC Fire Code)	<input type="checkbox"/> Yes	Copy onsite

**Topics discussed during safety orientation:**

<input type="checkbox"/> Accident/Injury Reporting	<input type="checkbox"/> Elevated Work Areas	<input type="checkbox"/> Gen. Regulatory Req.	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Asbestos/Hazardous Mat	<input type="checkbox"/> Environmental Concerns	<input type="checkbox"/> Hazardous Material ID	<input type="checkbox"/> Scaffold & Ladder Req
<input type="checkbox"/> Confined Spaces	<input type="checkbox"/> Exposure Control	<input type="checkbox"/> Hot Work	<input type="checkbox"/> WHIMIS
<input type="checkbox"/> Drug/Alcohol/Firearms	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Lockout/Tag Out	<input type="checkbox"/> Working Alone
<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> First Aid/Evacuation	<input type="checkbox"/> Personal Protective Eq.	<input type="checkbox"/> Vehicle & Mobile Eq.

**Acknowledgement & Acceptance**

I, \_\_\_\_\_ (print) have read and understood the CapU Contractor Safety Guideline document. I will adhere to the BC Workers' Compensation Act, BC Occupational Health and Safety Regulations, Technical Safety BC, Capilano University Safety requirements, and the requirements of any other regulating body, while working on any Capilano University campus or property. I will ensure that my employees, subcontractors, and suppliers will comply with these requirements as well.

Contractor Name:	Signature:	Date:
CapU Liaison Name:	Signature:	Date:
Manager, OHS & EP Name:	Signature:	Date:

## Specific Project Requirements Forms

**SUBMIT ALL DOCUMENTATION TO CAPU LIAISON 5 DAYS IN ADVANCED FOR APPROVAL**

Activity		Required Form(s)	Additional Documents	Actions
Will this project require building and parking lot access?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-02 Parking and Building Access Request</u>		Attend Security office for keys. Give license plates to Facilities
Will this project impact or require the deactivation of Fire/Life Safety systems (ie. interior Hot Work)?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-03 – Fire &amp; Life Safety Shutdown</u> <u>SG-04 Hot Work Permit</u>	Work procedures and operations plan (see guidance document <u>SGD-01 - FLLS</u> )	Mandatory signed & approved copy on site
Will this project impact asbestos (drywall systems are assumed containing), lead or silica containing materials or any other WorkSafe Bc designated substances?	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Work procedures (See guidance document <u>SGD-02 - Asbestos</u> )	Mandatory signed & approved copy on site
Will a Notice of Project be required?	<input type="checkbox"/> Yes <input type="checkbox"/> NA			Mandatory copy on site
Will you be bringing WHIMIS controlled products on site?	<input type="checkbox"/> Yes <input type="checkbox"/> NA		List of materials and quantities	Mandatory list and MSDS's onsite
Will this project require access to the roof?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-05 Roof Access Form</u>	If required, additional submit a fall potection	Mandatory signed & approved copy on site
Will this project involve working on raised platforms or moveable work platforms and scaffolding? (OHSR Part 13) or from which a fall of 3 m may occur, or where a fall from less than 3 m involves risk of injury? (OHSR Part 11)	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Work procedures, design specs, & professional engineer instructions. Also submit a fall protection plan.	Mandatory signed & approved copy on site
Will this project require entry into a confined space? (OHSR Part 9)	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-06 – Confined Space Entry</u>	Space specific risk assessment and entry procedures.	Mandatory signed & approved copy on site
Will this project require de-energization and/or lockout? (OHSR Part 10)	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Specific Lockout/Tagout procedure plan	Mandatory signed & approved copy on site
Will this project involve work on Electrical including High Voltage systems? (OHSR Part 19)	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-07 High Voltage Access</u>	Work procedures	Mandatory signed & approved copy onsite.
Will this project include the use of any equipment using x-rays, sonar or other type of radiation?	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Work procedures, equipment information & maintenance records	Mandatory signed & approved copy on site
Will this project require the shutdown of any utility systems?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-08- Utility Shutdown</u>		Mandatory signed & approved copy on site
Will this project require the use of CapU owned/leased equipment or tools?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-09 – Tool/Equipment</u>		Tool Waiver to be filled out for each piece of equipment/tool
Will the activities of this project impact building occupants or others?	<input type="checkbox"/> Yes <input type="checkbox"/> NA			Inform the CapU Liaison of such impacts