

**APPENDIX “A”****CONTRACTOR HEALTH & SAFETY QUESTIONNAIRE**

Contractors wishing to submit proposals to the Halifax Regional Municipality must complete this questionnaire and submit it to HRM Finance Department with their bid information

**GENERAL INFORMATION:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**INSURANCE/WORKERS' COMPENSATION COVERAGE:**

Is your company covered by general liability insurance, automotive insurance, umbrella policies, etc., that would cover the cost of damages to, and incidents involving third parties?  Yes  No

Is your company in good standing with the Workers' Compensation Board for the Province of Nova Scotia?  Yes  No

If no, please explain \_\_\_\_\_

**SAFETY PERFORMANCE:**

Does your company have any non compliance or outstanding issues with the Nova Scotia Department of Environment and Labour, such as stop work orders, pending charges/prosecutions, or recent (within the last year) convictions or fines?  Yes  No

If yes, please attach a note explaining the details, including current status or resolution.

**SAFETY PROGRAM:**

Does your company have a written health and safety policy signed by management?  Yes  No

Does your company have written safety policies, procedures, and safe work practices applicable to the scope of work to be performed, including clearly defined safety responsibilities for managers, supervisors and workers?  Yes  No

How do you communicate your safety policies and procedures?

---

How often do managers/executive officers visit the work site? \_\_\_\_\_

Please explain how you conduct on site inspections, including how often they are conducted, what they cover and who conducts them?

---

---

---

Does your company have a risk assessment procedure?  Yes  No

Does your company have a procedure in place for investigating incidents, accidents and near misses?  Yes  No

The Contractor shall attach a list and contact information of all supervisors you will be using on site, as well as any safety coordinator or persons responsible for job site safety.

Do you provide on the job training to all employees?  Yes  No

Please indicate how you inform your workers, other workers or persons at or near the workplace of any workplace hazards to which they may be exposed.

---

---

Do you have a disciplinary policy in place for anyone committing health and safety violations?  Yes  No **Please describe:**

---

---

---

Do you have a Joint Occupational Health and Safety Committee or Representative?  Yes  No

Do you have a preventative maintenance program for tools and machinery?  Yes  No

Do you have a health and safety policy in place for incorporating sub contractors into the workplace ?  Yes  No

Please provide any other information relating to other programs or activities that you believe demonstrates your company conducts their projects safely and in accordance with all health and safety requirements.

**NOTE: PLEASE BE ADVISED THAT DURING THE TENDERING PROCESS OR AT ANYTIME DURING THE CONTRACTED WORK, HRM MAY REQUEST COPIES OF POLICIES, PROCEDURES, RECORDS OR DOCUMENTATION OF PROOF FOR ANY QUESTIONS ANSWERED ON THIS QUESTIONNAIRE.**

**DO YOU AGREE TO PROVIDE THIS INFORMATION IF REQUESTED ?  Yes  No**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position / Title