**Instructions for Completing the Contracting Employer General Orientation:**

Prime Contractors, Contracting Employers, and service providers conducting work at the Owner / Employer’s work sites or work sites under the control of the Owner / Employer require an orientation. Documenting and completing a site-specific orientation and tour is required.

Hiring managers are to inform Prime Contractors, Contracting Employers, and service providers of the above topics, and the hiring manager/supervisor is responsible for completing the orientation with the Contracting Employer, Prime Contractor, service provider, or any other work site party hired to conduct work activities on a municipal site.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ** PRIME CONTRACTOR** | ** CONTRACTING EMPLOYER/SUB-CONTRACTOR** | | | | | ** SERVICE PROVIDER** | | | ** OTHER** |
| Name of Contracting Employer/Service Provider Organization: | | | | | | | Hire Date: (YYYY/MM/DD) | | |
| Location of work site: | | | | | Duration of Project: | | | | |
| Names of Contracting Employer’s Main Representative: | | | | | Contracting Employer’s Main Representative Contact Information: | | | | |
| Names of Contracting Employer’s Alternate Representative: | | | | | Contracting Employer’s Alternate Representative Contact Information: | | | | |
| Names of Contracting Employer’s Alternate Representative: | | | | | Contracting Employer’s Alternate Representative Contact Information: | | | | |
| ***Part One – Pre-qualification Documents Completed, check all that apply*** | | | | | | | | | |
| q WCB,  or attach a clearance letter | | WCB Account #: | | | | | | | |
| q Certificate of Insurance  or attach a copy | | Insurance Provider & Insurance No. & Expiry Date: | | | | | | | |
| q Project Scope included | |
| q Project Hazard Assessment | | q Other: | | | | | | | |
| q Work site Orientation/Tour | | q Other: | | | | | | | |
| ***Part Two – Health & Safety*** | | | | | | | | | |
| q Contracting Employer Handbook Overview | | | | Review Job Site Safe Work Practices and Procedures (identify procedures and job practices reviewed) | | | | | |
| q Health and Safety Policy | | | |
| q Roles & Responsibilities | | | | q Other: | | | | | |
| q Environmental Policy | | | |
| q General Health & Safety Rules | | | | q Other: | | | | | |
| q Working Alone & After Hours | | | |
| q Harassment/Violence Policy & Procedures | | | | q Other: | | | | | |
| q Emergency Procedures & Muster Point | | | | q Other: | | | | | |
| q ERP Contact & First Aid personnel on-site | | | | q Other: | | | | | |
| q Incident & Investigation (Injury/Illness/First Aid/Near Miss) | | | | q Other: | | | | | |
| q General Housekeeping Responsibilities | | | | q Other: | | | | | |
| q Hazard Assessment & Site-specific Reporting | | | | q Other: | | | | | |
| q Health & Safety Reps/ Committee Members Contact Info | | | | q Other: | | | | | |
| ***Part Three – Identify Pre-project/Pre-start up Hazards Assessment Reviews***  *The Contracting Employer or hired work site party may complete the Department Field Level Hazard Assessment (FLHA) form or the Pre-job/pre-start-up hazard assessment. During urgent situations, at minimum, the pre-job hazard assessment process needs to be identified. The Contracting Employer may use their own pre-job/pre-start-up hazard assessment form; a copy must be sent to the Owner / Employer’s representative.* | | | | | | | | | |
| **Task**  (List all tasks/work activities) | | | **Hazards**  (List both health and safety hazards) | | | | | **Controls**  (Identify controls for each hazard, Engineering, Administrative, PPE) | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Part Four - Training Certificate Validated***  *The hiring Manager or Supervisor is to confirm the following training requirements. Obtain copies of the current training or certificates and file the completed form in the Contracting Employer File. Only check the box if the training is required, if not applicable, then leave blank.* | | | |
| q Standard First Aid w/CPR | q TDG: | | |
| q Emergency First Aid | q Other: | | |
| q WHMIS 2015 | q Other: | | |
| q Trade Certificate | q Other: | | |
| q Confined Space | q Other: | | |
| q Ground Disturbance | q Other: | | |
| q Fall Protection | q Other: | | |
| ***Part Five – Sign Offs***  *Hiring manager or supervisor to have each Contracting Employer’s workers sign off confirming they received the Owner / Employer’s health and safety orientation. Orientations for Contracting Employers may be completed as a group.* | | | |
| Contracting Employer Worker’s Name: (Print) | | Contracting Employer Worker’s Signature | Date |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Hiring Manager/Supervisor Name: (Print) | | Signature | Date |
|  | |  |  |

*The* ***Town of Grey Goose*** *is committed to keeping personal information that it collects from its visitors, volunteers, customers, employees, and Contracting Employers accurate, confidential and secure. The* ***Town of Grey Goose*** *will disclose information in connection with a legal proceeding. Only the information specifically requested by legitimate authorities will be disclosed, questions regarding the collection of personal information may be made to* ***999-999-9999.*** *This information is collected per the FOIP Act, Section 33(c).*