



Form #10-10

Title: Contractor Safety Questionnaire	Date of Issue: December 14, 2010
Location: Health & Safety Program Section 2.1h	Revision Date:

This questionnaire must be completed and returned to the Village Contact or designate prior to any service or work commencing.

1. Company Name: _____
2. Years in Business: _____
3. Nature of Business: _____
4. Name & Title of Person completing questionnaire: _____
5. Past safety performance:
 - NEER Performance for past three years: _____
 - Number of employees for each of the last three years: _____
 - Number of Lost Time accidents in the last two years: _____
 - Number of fatalities in the past five years: _____
6. Has the Ministry of Labour or OSHA inspected you in the last 5 years? If so, when _____; Number and type of orders issued if any: _____
7. Does your company have a written safety program? _____
8. Do you have a formal substance abuse program? _____
If yes, does it include: Pre-employment drug screen? _____ Random testing? _____
9. Do you have formal programs for the following:
 - Accident Investigations Yes ___ No ___
 - Hazard Communication Yes ___ No ___
 - Safety Committee Meetings Yes ___ No ___
 - New Employee Orientation Yes ___ No ___
 - Personal Protective Equipment Yes ___ No ___
 - Hearing Conservation Program Yes ___ No ___
 - Hot Work Permit Procedures Yes ___ No ___
 - Work from Heights Yes ___ No ___
 - First Aid/CPR Training Yes ___ No ___
 - Lock-Out/Tag Out Yes ___ No ___
 - Electrical Safety Yes ___ No ___
10. Do you have a current Workplace Safety & Insurance Clearance Certificate?
Yes ___ No ___ Is a copy attached? Yes ___ No ___
11. Do you have a minimum of 2 million dollars liability insurance? Yes ___ No ___
Is a copy of your insurance policy attached? Yes ___ No ___

Note: For work on Road Allowances, a minimum of 5 million dollars liability insurance is required.