



Pre-Start Checklist (Appendix C)

Contractor Name:	
Tender / Bid #:	

Pre-start Checklist Elements	Reviewed	
	Yes	N/A
1. Review of any critical injuries, MOL orders, TSSA fines or suspensions, hydro fines or suspensions since pre-qualification	<input type="checkbox"/>	<input type="checkbox"/>
2. Contractor is directed to the Town's Health and Safety Policy and relevant Safe Work Standards on-line under "Contractor Safety" to be reviewed by the contractor.	<input type="checkbox"/>	<input type="checkbox"/>
3. Contractor provides written acknowledgement that all employees – current and future - assigned to work on the project have or will complete The Corporation's Health and Safety orientation and provide proof (sign-in sheet). (All received sign-in sheets to be forwarded to K. Rothney.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Contractor will ensure mandatory employee training/certification remains current during the term of the contract, e.g. working at heights, WHMIS,	<input type="checkbox"/>	<input type="checkbox"/>
5. Contractor must investigate any incident resulting in lost time or health care and notify the Town, in writing.	<input type="checkbox"/>	<input type="checkbox"/>
6. Any equipment, device or activity that may generate a hazardous atmosphere (i.e. fire, toxic, nuisance, dust or odours) or physical hazard (i.e. noise, heat, vibration, radiation) will not be carried out on, near or within the confines of any Town building without the appropriate control measures and safeguards in place and not without prior authorization from a Town representative.	<input type="checkbox"/>	<input type="checkbox"/>
7. Contractor will post or make available an emergency plan at the work location/job site.	<input type="checkbox"/>	<input type="checkbox"/>
8. Contractor will provide the Town with a copy of the Ministry of Labour Notice of Project and Form 1000 commencement where applicable.	<input type="checkbox"/>	<input type="checkbox"/>
9. Contractor will provide the Town with current WSIB Clearance Certificate.	<input type="checkbox"/>	<input type="checkbox"/>
10. Contractor will inform Town of any government inspections and any resulting charges and orders during the project.	<input type="checkbox"/>	<input type="checkbox"/>
11. Contractor confirms that skilled trades have valid certification, where required, e.g. electrician, plumbing, gas	<input type="checkbox"/>	<input type="checkbox"/>
12. Contractor confirms that vehicle and equipment operators are properly licensed and/or certified.	<input type="checkbox"/>	<input type="checkbox"/>
13. Contractor confirms that all vehicles and equipment to be used on the project meet all regulatory safety requirements, are properly licensed and insured.	<input type="checkbox"/>	<input type="checkbox"/>



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List any designated substances to be encountered on this job and indicate whether you have;

- provided training to your employees and how often, and
- a written procedure in place

Designated Substance	Training			Procedure	
	Yes	No	How Often?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

In addition to head and foot protection, indicate the PPE that you will require your employees to wear and/or use. Check "N/A" if not applicable to this job.

Personal Protective Equipment	N/A	Yes	No
Anti-shock insulated clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined space rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High visibility protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection (specify type):			
Other (please list):			



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If you plan to subcontract work, describe the work and name of the intended subcontractor

Type of Work	Name of Subcontractor

Additional page(s) attached

The undersigned contractor acknowledges and represents that the information set out in this form is accurate as of the date of signing. The undersigned contractor further acknowledges that it has continuing health and safety obligations during the project.

Town of Fort Erie	_____ Signature Name:	_____ Date
Contract Administrator	_____ Signature Name:	_____ Date
Contractor	_____ Signature Name:	_____ Date

Form Distribution

Original: Project Manager, Town of Fort Erie

Copy: Contract Administrator (if applicable)
 Manager, Employment Services, Town of Fort Erie
 Manager, Procurement, Town of Fort Erie
 Contractor