

This form is only required to be filled out if the Contractor does not have COR Certification

**Contractor
Occupational Health &
Safety Compliance Form**

Name of Contractor _____
Type of Contractor _____
Address _____
City, Province _____
Postal Code _____
Phone # _____
Date: _____
Yr/ mo/ day Contractor Contact, please print

Occupational Health & Safety Program Summary

1. Companies with 10 employees or more require an **Occupational Health Committee (OHC)**. Please provide the Advanced Education, Employment and Labour's, Occupational Health Division's **Committee Number**
_____.

Occupational Health Committee Co-chair Names:

Employer Co-chair

Worker Co-chair

2. Companies with less than 10 employees require an Occupational Health Representative.

Occupational Health Representative's Name: _____

Workers' Compensation Board # _____

EMPLOYEES WITH CURRENT FIRST-AID CERTIFICATE:

GENERAL REQUIREMENTS – Please provide information to support each of the following items:

SAFETY POLICY STATEMENT: _____

EMPLOYEE HIRING AND TRAINING PLAN (attach all certification & licenses).

PROVIDE YOUR PLAN FOR REGULAR INSPECTIONS WHERE APPLICABLE OF THE PLACE OF EMPLOYMENT, WORK PROCESSES, PROCEDURES, EQUIPMENT AND/OR TOOLS (INCLUDE INSPECTION FORMS):

FIRST-AID / EMERGENCY ARRANGEMENTS (include emergency response plan):

ACCIDENT/INVESTIGATION & REPORTING PROCEDURES:

PERSONAL PROTECTIVE EQUIPMENT POLICY:

HARRASSMENT POLICY:

FIRE SAFETY PREPAREDNESS:

WORKING ALONE PLAN:

WORKPLACE HAZARDOUS MATERIAL INFORMATION SYSTEM PLAN:

LOCKOUT / DE-ENERGIZATION POLICY:

THIS PROGRAM WILL BE REVIEWED AND UPDATED BY THE CONTRACTOR AND REVIEWED BY THEIR EMPLOYEES AT THE START OF EACH CONTRACT.

CONTRACTOR SIGNATURE

DATE