

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Date

Project:

Location:

Contracting Firm: _____ **Contract No.:** _____

Contractors and vendors providing services, including the installation of purchased goods, are required to complete a Contract Hazard Identification List. This list does not include every occupational health and safety related concern at the workplace; instead, it is intended to highlight major concerns common to most on-site service activities and specific hazards known on the workplace.

Occupational Health and Safety Program	Yes	No	N/A
a) Does the Contractor have a written program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will regular inspections be made of all workplaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will unsafe conditions be reported and immediately corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will the WCB be notified immediately of the occurrence of: <ul style="list-style-type: none"> • Serious injury (or death) of a worker? • Major structural failure or collapse? • Blasting or diving incident? 	<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"/>
e) Will all incidents be investigated and incident reports provided to the WCB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Preparedness	Yes	No	N/A
a) Have written rescue and evacuation procedures been developed for: <ul style="list-style-type: none"> • Work at high angles? • Work in confined spaces? • Work with hazardous substances? • Underground work? • Work on or over water? 	<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"/>
b) Is there a safe way of entering and leaving the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Ergonomics	Yes	No	N/A
a) Will potential musculoskeletal injuries (MSI's) be controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemicals, Solvents, Fumes, Vapors, and Dusts	Yes	No	N/A
Will work involve chemicals, solvents, painting, welding, torch cutting, brazing or grit blasting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

Will MSDSs be submitted for all potentially hazardous chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will emergency eyewashes and showers be available to employees as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will ventilation requirements be reviewed to preclude exposure to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include operations involving cleaning solvents, adhesives, paints, coatings, binders; e.g., storage tank clean-out services, countertop installation (epoxies), and flooring.)

Fire Protection	Yes	No	N/A
a) Will the job involve welding, soldering, or torch cutting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will flammable/combustible liquids be used or stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will temporary heating devices be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will water and/or fire extinguishers be provided on the job site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples include any work involving solvents, fuels, soldering, torch cutting, or heating devices; e.g., gasoline and diesel fuel delivery services, flooring services, fire suppression service, and water pipe repair services.)

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Asbestos-containing Materials	Yes	No	N/A
a) Is there a possibility that asbestos containing materials (ACM) will be encountered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

b) Does the contractor have an asbestos work program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Has a Notice of Project been submitted to the Workers' Compensation Board at least 24 hours in advance of the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include disturbance or penetrations of flooring, walls, ceiling tiles, pipe lagging, AC pipe, transite siding, particularly in older facilities; e.g., furniture/fixture installation, carpeting/flooring services, and boiler repair/tune-up services).

Lead-containing Materials	Yes	No	N/A
a) Is there a possibility that inorganic lead-containing materials will be encountered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

b) Does the contractor have an exposure control program for lead exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, describe:

c) Is there a potential for hazardous exposure to airborne lead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(Examples of this work include disturbance of lead-based paint, particularly in older facilities. Lead is also present in certain electrical circuitry and metal alloys; .e.g., overhead bridge crane maintenance/repair, high-voltage cable splicing services, boiler repair/tune-up services, fixture installation services, and chiller maintenance/repair services.)

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Silica Dust	Yes	No	N/A
a) Will work involve jack hammering, rotohammering, drilling, grinding or other disturbance of concrete that might create silica dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include installations, pavement/concrete grading and paving, concrete sawing and removal services.)

Noise and Vibration	Yes	No	N/A
a) Will employees be exposed to high noise levels on this job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does the contractor have a written hearing conservation program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will workers be exposed to excessive levels of vibration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include installations and heavy equipment operation.)

Heat Stress	Yes	No	N/A
a) If heat stress is an issue, will a heat stress assessment be conducted to determine the potential for over-exposure of workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

b) Will a rest area be provided in a cooler environment (e.g., utilizing shade, fans, air conditioning, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will the contractor provide liquid replenishment at the job site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will a work/rest regimen be enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Has training on recognizing the signs and symptoms of heat stress and heat stroke been provided to workers and supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Cold Stress	Yes	No	N/A
a) If cold stress is an issue, will a cold stress assessment be conducted to determine the potential for over-exposure of workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

b) Will a heated shelter be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will precautions be taken to prevent frostbite from contact with cold surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Are there provisions for hand warming if workers are required to work bare handed if there is a risk of cold-related injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Has training on recognizing the signs and symptoms of cold injury or impending hypothermia and safe work practices appropriate to the work to be performed been provided to workers and supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Protective Equipment	Yes	No	N/A
a) Will the contractor provide workers with appropriate personal protective clothing and equipment (e.g., safety footwear, hi-vis vests, hardhats, eye protection, face protection, hearing protection, chemical gloves/clothing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does the contractor have a written Personal Protective Equipment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory Protection	Yes	No	N/A
a) Will the job involve materials or processes requiring respiratory protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does the contractor have a written respiratory protection program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Confined Spaces	Yes	No	N/A
a) Will work be performed in vaults, manholes, trenches, or tanks more than 4 feet deep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

b) Does the contractor have a written confined space entry program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Has a Responsible Supervisor been assigned to supervise confined space entries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will a hazard assessment be conducted for the confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Will site specific written work procedures be prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Will isolation points be identified and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Will alternate procedures (9.22) be used to isolate adjacent piping containing harmful substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

h) Has the contractor made the necessary provisions for the services of rescue persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(Examples of this work are many and varied; any service that could involve working in vaults, chambers, pits, tanks, etc.; e.g., construction, inspection and testing services, water/fuel storage tank clean-out services, and utility corrosion inspection services.)

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Lock Out	Yes	No	N/A
a) Will lock out be required to isolate or prevent the unexpected release of energy (electrical, mechanical, hydraulic, chemical, thermal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will work be performed on or near energized equipment, lines, or circuits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If yes, no work may be performed until reviewed by SD43.

If yes, describe:

(Examples of this work include industrial equipment maintenance, power machinery repair services, pump maintenance/repair services, elevator repair, overhead bridge crane maintenance/repair services, cathodic protection services, hydraulic test systems repair/service, and air compressor rebuilding services.)

Fall Protection	Yes	No	N/A
a) Will workers be exposed to a potential fall in excess of 3 m (10 feet)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does the Contractor have a written Fall Protection Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include tree pruning, window and ledge cleaning, window replacement, overhead bridge crane maintenance/repair services, roll-up door replacement, tent installation, awning/canopy installation, overhead air exchange installation, construction inspection and testing services.)

Tools Machinery and Equipment	Yes	No	N/A
a) Will powder-actuated tools be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Are operators trained and qualified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Scaffolding and Ladders	Yes	No	N/A
a) Will scaffolding or ladders be used and appropriate worker access be provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will scaffolding or ladders be exposed to wet and/or slippery conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will scaffolding or ladders need to be secured to the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will scaffolds be erected and dismantled by a qualified worker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include window cleaning, tree pruning, window replacement, roll-up door replacement, tent installation, and awning/canopy installation.)

Cranes, Forklifts, and Manlifts	Yes	No	N/A
a) Will crane(s), forklift(s), manlift(s), or other lifting equipment be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has lifting and rigging equipment been inspected and certified as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Does the Contractor have a designated competent operator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will lifting attachments be used in conjunction with forklifts that are approved for use by the forklift manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include heavy or oversized goods delivery, tree pruning, overhead bridge crane maintenance/repair, and roll-up door replacement.)

Rigging	Yes	No	N/A
a) Will the contractor be lifting or slinging overhead loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will all ropes, hooks and slings be inspected before use on each shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

Motor Vehicles and Heavy Equipment	Yes	No	N/A
a) Will the contractor be using motor vehicles or heavy equipment onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will all operators have valid provincial driver's licenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will vehicles, including safety features (e.g., ROPS), be inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Examples of this work include delivery of goods, personnel transportation services, trailer relocation services, oil/water pump out and recycling services, asphalt grinding and asphalt sealing services, weed/brush abatement and mowing services, landscape hydroseed services, tree stump grinding, and concrete sawing and removal)

Traffic Control	Yes	No	N/A
a) Will there be uncontrolled movement of vehicular traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Are required traffic control devices in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Do traffic control devices conform to the MOTH "Traffic Control Manual for Work on Roadways"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Are Traffic Control Persons required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overhead Power Lines and Underground Utilities	Yes	No	N/A
a) Will hazards associated with overhead power lines (e.g., will clearance) be an issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have any necessary assurances in writing been obtained through the utility for any work where minimum limits of approach cannot be maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will underground or hidden utilities need to be located on the job site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how will this be accomplished and who will do it (e.g., SD43, Contractor, other)?

(Examples of this work include tree pruning services, tree removal, relocation, or replacement, underground utility identification services, and concrete sawing services)

d) Is there a procedure in place for contacting the utility and the WCB in the event of an inadvertent contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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APPENDIX A
CONTRACT HAZARD IDENTIFICATION LIST

Construction, Excavation and Demolition	Yes	No	N/A
a) Will a Notice of Project be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Will workers be required to enter an excavation over 1.2m (4 ft) in depth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will shoring be installed in accordance with Table 20-1 of the WCB OH&S Regulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will safe means of entry and exit be provided for excavations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Does the contractor have a demolition/salvage plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have the demolition materials been evaluated for reuse or recycling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Will passers-by be protected from potential hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First Aid	Yes	No	N/A
a) Will first aid equipment, supplies facilities and services be readily accessible during working hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the contractor properly assessed the necessary level of first aid coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Will site drawings and signs indicating the location of and how to summon first aid be posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Will there be an effective means of communication between the first aid attendant and the work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Will there be a written procedure for transporting injured workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Concerns	Yes	No	N/A
Does the contractor recognize any other potential OH&S concerns that could be associated with this work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

Describe control measures:

APPENDIX A

CONTRACT HAZARD IDENTIFICATION LIST

HAZARD LIST COMPLETED BY:	
Name:	
Contractor's signature:	Date:
Title:	Phone:

Contractor's Designated Person responsible for onsite safety:	
Name:	
Title:	Phone: