**Legal entity (company) name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PART 1

1. LIST YOUR COMPANYS’ WSCC (Workers' Safety and Compensation Commission) EXPERIENCE RATE FOR THE LAST THREE YEARS (starting with the current year):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [INDUSTRY CODE](https://www.canada.ca/en/revenue-agency/services/tax/businesses/topics/sole-proprietorships-partnerships/report-business-income-expenses/industry-codes.html) |  | | | | | |
| [INDUSTRY CLASSIFICATION](https://www.statcan.gc.ca/eng/concepts/industry) |  | | | | | |
|  | 20\_\_\_\_\_ |  | 20\_\_\_\_\_ |  | 20\_\_\_\_\_ |  |
| INDUSTRY RATE |  |  |  |  |  |  |
| CONTRACTOR RATE |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. IS YOUR WSCC ACCOUNT IN GOOD STANDING?  YES  NO

(Please provide letter of confirmation). or equivalent

1. SAFE WORK PERFORMANCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3A. Injury Experience / Historical Performance | | | | |
| Use the previous three years injury and illness records to complete the following: | | | | |
| **Year** | **2018** | **2019** | **2020** | **Total** |
| a) Number of First Aid cases |  |  |  |  |
| b) Number of Medical Treatment cases |  |  |  |  |
| c) Number of Restricted work day cases |  |  |  |  |
| d) Number of Lost Time Injury cases |  |  |  |  |
| e) Number of Fatal Injuries |  |  |  |  |
| f) Number of Recordable injury cases |  |  |  |  |
| g) Total Work Injuries |  |  |  |  |
| h) Total Work Injury Frequency (\*Avg.) |  |  |  |  |
| i) Lost Time Injury Frequency (\*Avg.) |  |  |  |  |
| j) Recordable injury frequency (\*Avg.) |  |  |  |  |
| k) Total hours worked |  |  |  |  |

\*Avg = (Total x 200,000)/Total hours worked by all staff

# PART 2

1. DO YOU HOLD CONTRACTOR MEETINGS WHERE HEALTH, SAFETY, AND ENVIRONOMENT “HSE” IS ADDRESSED WITH MANAGEMENT AND FIELD SUPERVISORS?

YES  NO

WEEKLY  BIWEEKLY  MONTHLY  LESS OFTEN, AS NEEDED

1. DO YOU CONDUCT PROJECT HSE INSPECTIONS?

YES  NO

1. ARE INCIDENTS TOTALED FOR YOUR COMPANY?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES | NO |  | MONTHLY | QUARTERLY | ANNUALLY |
|  |  | INCIDENTS TOTALED FOR ALL COMPANY |  |  |  |
|  |  | INCIDENTS TOTALED BY PROJECT |  |  |  |
|  |  | SUB TOTALED BY SUPERINTENDENT |  |  |  |
|  |  | SUB TOTALED BY SUPERVISOR |  |  |  |

1. ARE INCIDENT REPORTS AND REPORT SUMMARIES SENT TO THE FOLLOWING WITHIN YOUR COMPANY?  YES  NO

HOW OFTEN ARE THEY REPORTED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YES | NO |  | MONTHLY | QUARTERLY | ANNUALLY |
|  |  | PROJECT MANAGEMENT |  |  |  |
|  |  | VICE PRESIDENT |  |  |  |
|  |  | PRESIDENT (CEO) |  |  |  |

1. HOW ARE THE COSTS OF INDIVIDUAL INCIDENTS KEPT?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  |  |  |  |  |  |
| HOW OFTEN ARE THEY REPORTED? | | | | | |
| YES | NO |  | MONTHLY | QUARTERLY | ANNUALLY |
|  |  | INCIDENTS TOTALED FOR ALL COMPANY |  |  |  |
|  |  | INCIDENTS TOTALED BY PROJECT |  |  |  |
|  |  | SUB TOTALED BY SUPERINTENDENT |  |  |  |
|  |  | SUB TOTALED BY SUPERVISOR |  |  |  |

1. DO YOU HAVE A WRITTEN HSE PROGRAM?  YES  NO

*(PLEASE SUPPLY A COPY OF THE PROGRAM.)*

1. DOES YOUR HSE PROGRAM CONTAIN THE FOLLOWING ELEMENTS?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO |  | YES | NO |
| CORPORATE HSE POLICY |  |  | MAINTENANCE POLICY OR PROGRAM |  |  |
| INCIDENT REPORTING REQUIREMENTS |  |  | EMERGENCY PROCEDURES |  |  |
| RECORDS & STATISTICS |  |  | HAZARD ASSESSMENT |  |  |
| REFERENCE TO LEGISLATION |  |  | SAFE WORK PRACTICES |  |  |
| COMPANY RULES |  |  | SAFE WORK PROCEDURES |  |  |
| DISCIPLINARY PROCEDURES |  |  | INSPECTIONS AND AUDITS |  |  |
| RESPONSIBILITIES |  |  | INVESTIGATIONS |  |  |
| PERSONAL PROTECTIVE EQUIPMENT |  |  | TRAINING & COMMUNICATION |  |  |
| ENVIRONMENTAL PROCEDURES |  |  | DRUG & ALCOHOL |  |  |

1. DO YOU HAVE AN ORIENTATION PROGRAM FOR NEW HIRES?  YES  NO IF YES, DOES IT INCLUDE ANY OF THE FOLLOWING? [NTD: ensure list includes HSE Program list.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO |  | YES | NO |
| COMPANY RULES |  |  | CONFINED SPACE ENTRY |  |  |
| EMERGENCY REPORTING |  |  | TRENCHING & EXCAVATION |  |  |
| INJURY REPORTING |  |  | SIGNS & BARRICADES |  |  |
| RIGHT TO REFUSE WORK |  |  | DANGEROUS HOLES AND OPENINGS |  |  |
| WHMIS |  |  | RIGGING & CRANE SAFETY |  |  |
| PERSONAL PROTECTIVE EQUIPMENT |  |  | FIRE PROTECTION AND PREVENTION |  |  |
| EMERGENCY PROCEDURES |  |  | PREVENTATI VE MAINTENANCE |  |  |
| EVACUATION PLAN |  |  | USE OF HAND TOOLS |  |  |
| EMERGENCY PHONE NUMBERS |  |  | DEFECTIVE TOOLS |  |  |
| PROJECT HSE COMMITTEE |  |  | WELDING & CUTTING SAFETY |  |  |
| HOUSEKEEPING |  |  | VEHICLE SAFETY |  |  |

1. DO YOU HAVE AN ORIENTATION PROGRAM FOR NEW HIRES?  YES  NO

IF YES, DOES IT INCLUDE ANY OF THE FOLLOWING?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO |  | YES | NO |
| LADDER SAFETY |  |  | ELECTRICAL SAFETY |  |  |
| ELEVATED WORK/FALL ARREST |  |  | USE OF COMPRESSED GAS CYLINDERS |  |  |
| SCAFFOLD SAFETY |  |  | DRUG & ALCOHOL |  |  |

1. DO YOU HAVE A TRAINING PROGRAM FOR SUPERVISORS?  YES  NO

IF YES, DOES IT INCLUDE ANY OF THE FOLLOWING?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO |  | YES | NO |
| SAFE WORK PRACTICES |  |  | INCIDENT INVESTIGATION |  |  |
| HSE SUPERVISION |  |  | EMPLOYEE DISCIPLINE |  |  |
| TOOLBOX MEETINGS |  |  | NEW WORKER ORIENTATION |  |  |
| EMERGENCY PROCEDURES |  |  | SUBSTANCE ABUSE |  |  |
| FIRST AID PROCEDURES |  |  |  |  |  |

1. IDENTIFY THE PERSON (TITLE) WITHIN YOUR COMPANY DIRECTLY RESPONSIBLE FOR THE HSE PROGRAM ADMINISTRATION.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Position |
|  |  |  |
| Completed by: |  | Phone |
|  |  |  |
| Title |  | Date |