**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** | **2022** | **2023** | **2024** | **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 |