|  |
| --- |
| **CONTRACTOR INFORMATION** |
| **Company/Contractor Name:** |  |
| **Cell Phone #:**  |  |
| **Scope of Work:** |  |
| **Date/Duration of Work:**  |  |
| **Facilities Supervisor:** |
| **Name:** |  | **Cell:** |  |
| **Project Manager/KPU Representative:** |
| **Name:** |  | **Cell:** |  |
| **Instructions:** Check “yes” when requirements are applicable, and arrangements/details have been discussed/ reviewed. Check “no” if not applicable to the work area or scope of the project/service. Orientation must be completed before work begins. |
| **COVID-19 Information** **Non-medical Masks are now mandatory in all indoor public spaces on Campus****All contractors and visitors if your experiencing symptoms associated with COVID-19, fever, dry cough difficulty breathing, feeling generally unwell or should be in self-isolation please do not attend KPU sites.** |
| **1** | Please visit <https://www.kpu.ca/hui/novel-coronavirus> to familiarizer yourself with campus safety plans and always follow posted signage when on KPU property.  | Reviewed Campus Safety Plan | [ ]  Yes [ ]  No  |
| **2** | Attach **or** describe below your companies COVID-19 Procedures or Guidelines. To be signed off by Contractor and KPU Project Manager or KPU Representative. | Attached COVID-19 ProceduresSigned off (Initial) | [ ]  Yes [ ]  No [ ]  KPU [ ]  \_\_\_  |
| **Describe your companies COVID Procedures or Guidelines:** |
|  |
|  |
|  |
|  |
| **Contractor Safety Orientation and Checklist** |
| **3** | Building Access?  | [ ]  Yes [ ]  No  | Parking?  | [ ]  Yes [ ]  No  |
| Security/Access?  | [ ]  Yes [ ]  No  | Restricted Area(s)?  | [ ]  Yes [ ]  No  |
| **4** | Emergency Procedures, Signals, Assembly areas?  | [ ]  Yes [ ]  No  |
| **5** | First Aid availability and Accident/Incident reporting? | [ ]  Yes [ ]  No  |
| **6** | Spill/Leak reporting procedures?  | [ ]  Yes [ ]  No  |
| **7** | MSDS’s for all Hazardous materials are available?  | [ ]  Yes [ ]  No  |
| **8** | Restrooms/Lunch Facilities/Storage facilities?  | [ ]  Yes [ ]  No  |
| **9** | Work Area Isolation? Including but not limited to access/egress safe routing and placement of cords, hoses, equipment, and tools  | [ ]  Yes [ ]  No  |
| **10** | Hazardous tools to be used: (Power equipment, etc., Compressed gas cylinders? Describe: | [ ]  Yes [ ]  No  |
| **11** | Personal protective equipment needed to enter the work area?  | [ ]  Yes [ ]  No  |
| **12** | Work in confined space(s) (Program review required)?  | [ ]  Yes [ ]  No  |
| **13** | Lockout/tag-out? (Program review required)?  | [ ]  Yes [ ]  No  |
| **14** | Demolition Activities?  | [ ]  Yes [ ]  No  |
| **15** | Work area/activities requiring Fall Protection?  | [ ]  Yes [ ]  No  |
| **16** | Heavy lifting/Hoisting/Rigging?  | [ ]  Yes [ ]  No  |
| **17** | Work on electrical systems/equipment? | [ ]  Yes [ ]  No  |
| **18** | Removal of excess materials/wastes (hazardous or otherwise)?  | [ ]  Yes [ ]  No  |
| **19** | Clearance or check-in with IT required?  | [ ]  Yes [ ]  No  |
| **20** | Ladder(s)/Platform(s)/staging/Lift(s) to be used?  | [ ]  Yes [ ]  No  |
| **21** | Work effecting fire detection/suppression equipment (alarms/sprinklers/ fire pump)?  | [ ]  Yes [ ]  No  |
| **22** | Interruption of emergency equipment use/accessibility? (Eyewashes/showers, Exhaust ventilation, Phone service, Egress routes)  | [ ]  Yes [ ]  No  |
| **23** | Describe potential impacts & accommodations (noise, dust, odours, etc.) associated with the project/work: |
|  |
|  |
|  |
| **24** | Describe actions to be taken to prevent or mitigate the risks identified: |
|  |
|  |
| **SIGNATURES** |
| The undersigned have reviewed & participated in the contractor safety checklist and orientation concerning hazards in the facilities in which work is to be performed. The scope and schedule of services to be performed have been reviewed and discussed to minimize the potential for accidents, injuries, impacts on the environment, and workplace disruptions & interruptions. |
| **[[1]](#endnote-1)Name** | **Signature** | **Employer** |
|  |  |  |
|  |  |  |

1. Attach copies of Safe Work Procedures, maps, or any other documents. [↑](#endnote-ref-1)