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| **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 Procedures  Signed off (Initial) | | | | Yes  No  KPU  \_\_\_ |
| **Describe your companies COVID Procedures or Guidelines:** | | | | | | | | |
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| **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: | | | | | | | | |
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| **24** | Describe actions to be taken to prevent or mitigate the risks identified: | | | | | | | | |
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| **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** | | |
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1. Attach copies of Safe Work Procedures, maps, or any other documents. [↑](#endnote-ref-1)