

## SUBCONTRACTOR SAFETY CHECKLIST

Smith Bros. & Wilson (B.C.) Ltd., hereinafter referred to as SBW, requires all subcontractors to demonstrate proficiency in safely performing all contracted work. This may include providing written specific safe work procedures, written OH&S programs and evidence of worker training.

Subcontractor:		Subcontractor Representative:	
Project Name:		Location:	

Briefly, describe the work to be performed:

Will your firm be hiring any subcontractors to perform any of the work?

☐ Yes ☐ No Name of subcontractor(s): \_\_\_\_\_  
 ▪ Subcontractors must first complete this form before performing the work

### Corporate OH&S Program

☐ Yes ☐ No ☐ N/A Is there a corporate OH&S Program in place?

Written safe work procedures, plans or policies and proper training are required for the following activities, and proof of compliance may be requested. Please indicate the activities that apply to your company:

Activity	Are Supervisors and Workers Trained?	Is There a Rescue Plan?
Working at Height Above 25 Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Restricted or Confined Spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lock Out/Tag Out	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Excavation & Trenches	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working with Hazardous Materials (Including Asbestos or Silica)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working Alone or in Isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Operating Mobile Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hot Work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Crane Lifting & Rigging	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Powder Actuated Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exposure to Noise, Cold or Heat Stress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Documentation which must be readily available on site and which may be requested for review.

☐ Yes ☐ No ☐ N/A MSDSs for all controlled products  
☐ Yes ☐ No ☐ N/A Applicable OH&S programs, safe work procedures and plans  
☐ Yes ☐ No ☐ N/A Evidence of identification of hazardous materials for demolition and renovation projects.

*If "No" has been checked for any of the above topics, the subcontractor must address the issue in accordance with the Worksafe BC Regulation before beginning work at the site.*

I agree to the following:

- All work shall comply with the Worksafe BC Regulation.
- I have been informed of the hazards posed by the site and other conditions.
- Where applicable, safety programs, procedures and plans are available.
- Workers have been adequately trained to complete the contracted work.

Subcontractor Representative:		Date:	
General Contractor Representative:		Date:	

*Failure to comply may result in termination of contract.*