



## SUBCONTRACTOR SAFETY CHECKLIST

Smith Bros. & Wilson (BC) 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 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?**

NO  YES, Name of Subcontractor: \_\_\_\_\_

*\*Subcontractors must first complete this form before performing work*

**Is there a Company OH&S Program in place?**

NO  YES

**Written safe work procedures, plans, policies, & training are required for the following activities, and proof of compliance will be requested. Please indicate the activities that apply:**

Activity	Are Supervisors & Workers Trained?	Are assessments, engineering documents, or NOP – X required?
Working at Height above 25 feet; *Rescue Plan Required	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Confined Spaces	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Lock Out/Tag Out	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Excavation & Trenching	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Hazardous Materials *Including silica/asbestos/lead	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Working Alone or in Isolation	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Operating Mobile Equipment	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Hot Work	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Crane Lift & Rigging	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Powder Actuated Tools	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Forestry more than 5 days	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A
Other:	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A

**Documentation must be readily available on site and will be requested for review:**

SDS for Controlled Products:  NO  YES  N/A

OHS Program, Safe Work Plans/Procedures:  NO  YES  N/A

Hazardous Materials Identification for Demolition/Renovation Projects:  NO  YES  N/A

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

**I agree to the following:**

- All work shall comply with the Worksafe BC Regulations
- 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: \_\_\_\_\_  
SBW Representative: \_\_\_\_\_ Date: \_\_\_\_\_

*Failure to comply may result in termination of contract*