



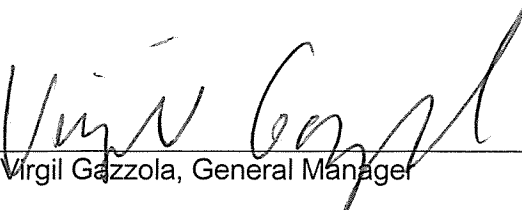
# GAZZOLA PAVING LIMITED

## Procurement and Contractor Management Policy Statement

**GAZZOLA PAVING LIMITED** is committed to the selection of Health and Safety minded subcontractors and suppliers. Based on our belief in the Internal Responsibility System and that all workplace parties must work together and do their part in achieving a healthy and a safe workplace, **GAZZOLA PAVING LIMITED** will develop Health and Safety criteria to help select, monitor and evaluate subcontractors and service providers. Meeting the criteria should give an indication on the subcontractor's ability and competency to assess and control Health and Safety hazards resulting from work done by the subcontractor or by our Company. Meeting the criteria will also play a role in the continuity of business with the subcontractor or service provider.

**GAZZOLA PAVING LIMITED** will maintain open communication channels with all workplace parties including subcontractors and service providers, especially when there is a change that will affect the Health and Safety of the work.

**GAZZOLA PAVING LIMITED**, when working as the General Contractor on a project, maintains the right to lead the co-ordination of all Health and Safety requirements on all employers. **GAZZOLA PAVING LIMITED** will enforce the Health & Safety measures and procedures prescribed by the Occupational Health and Safety Act (OHSA) and all applicable regulations to ensure the Health and Safety of all workers on the project is protected as listed under the Constructor duties in the Occupational Health and Safety Act (OHSA).

  
\_\_\_\_\_  
Virgil Gazzola, General Manager

**March 15, 2021**

\_\_\_\_\_  
Date

## Section 4 - Procurement & Contractor Management

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### PURPOSE

The purpose of the Contractor/Subcontractor Procedure is to set a minimum standard for all those that work under Gazzola Paving Ltd. in a contract or subcontract capacity. This procedure is to ensure that all contractors/subcontractors follow the OHSA requirements and Gazzola Paving Ltd. Health & Safety Program requirements.

### SCOPE

- Pertaining to the health, safety, and environment portion of each entity or subcontractor working directly for Gazzola Paving Ltd.
- Pertaining to the health, safety, and environment portion of each entity or subcontractor working under any other entity or subcontractor working for Gazzola Paving Ltd.

### RESPONSIBILITIES

Health and Safety Coordinator Responsibilities:

- Ensuring subcontractors are following Gazzola Paving Ltd. Health & Safety Program.
- Ensuring subcontractors have provided all appropriate Health & Safety documentation.
- Assist in the sub-contractor review procedure as required.
- Maintain an updated list of the approved sub-contractors based on the results of the Sub-contractor Review.

Senior Management Responsibilities:

- Reviewing the subcontractor performance review completed by the project manager and the site superintendent.
- Reviewing the list of the accepted sub-contractors.

Project Manager Responsibilities:

- Determining which subcontractors are to perform work on projects.
- Advising the Health & Safety Coordinator and Site Superintendent of the subcontractor information and contract details.
- Completing the subcontractor review form with input from the Site Superintendent and the Health & Safety Coordinator.
- Ensure communication of the requirements under this procedure is scheduled with all site level personnel including workers and Subcontractors.
- Requesting Subcontractor documents to ensure all Subcontractors can demonstrate competency and implement the site specific workplace requirements.
- Review workplace specific requirements under the forms required on this procedure

Superintendent Responsibilities:

- Conducting Site Orientations and updating Subcontractors on Gazzola Paving Ltd. Policies and Procedures.
- Ensuring submittal of subcontractor's daily/weekly paperwork, such as hazard assessments, site inspections, toolbox talks, etc.

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- Conducting inspections of sites, documenting findings and sharing relevant information with Gazzola Paving Ltd. senior management.
- Review findings with each Foreman to ensure that corrective measures are taken.
- Follow-up on the findings and implement recommendations for each unsafe condition.

### Foreman Responsibilities:

- Ensure, where reasonably possible, that every Subcontractor, worker and visitor at the workplace complies with all Occupational Health and Safety Act and Regulations.
- Conducting inspections of sites, documenting findings and sharing relevant information with Gazzola Paving Ltd. Superintendent
- Review findings with the superintendent and implement the corrective measures required.

### Workers Responsibilities:

- Working in conjunction with subcontractor employees.
- Ensuring subcontractors are following Gazzola Paving Ltd. Health & Safety Program.

### Subcontractors Responsibilities:

- Ensure compliance to all applicable H&S regulatory requirements and relevant procedural requirements outlined within the Gazzola Paving H&S manual.
- Conduct Toolbox Talks or an equivalent sub-contractor's safety meeting with their employees at least once a week. A copy of the toolbox talk to be forwarded to the Site superintendent on a weekly basis.
- Inspect all equipment and work site conditions prior to beginning work. All tools and equipment shall be maintained in safe operating condition.
- Ensure that Locates have been obtained for all underground utilities and are maintained on regular basis.
- Ensure that all necessary PPE/ clothing for employees is provided and used appropriately.
- Report any injuries requiring medical attention to the Site Superintendent and required regulatory agencies.
- Undertake an investigation of all incidents and near misses and forward a copy of all related reports to the Gazzola Paving within 24 hours.
- Attend and participate, in mandatory weekly H&S meetings as determined by Gazzola Paving.
- Ensure compliance with instructions regarding corrective actions issued by Gazzola Paving.
- Ensure that employees attend orientation training prior to beginning work.
- Subcontractor are responsible for advising all their employees of the requirements outlined within this procedure.

## PROCEDURE

**Gazzola Paving Ltd.** has developed specific criteria for selecting, monitoring and evaluating its sub-contractors and service providers. The mentioned criteria along with the provided forms will be used to ensure that **Gazzola's** work is sub-contracted in a fair and a consistent manner to Health and Safety minded Sub-contractors that can prove the ability and the competency in:

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- Assessing and controlling hazards resulting from their work that may impact the Health and Safety of any worker on site.
- Assessing and controlling hazards resulting from other **Gazzola's** work that may impact the Health and Safety of their workers

In addition to that, **Gazzola Paving Ltd.** will include all services provided or tasks performed by sub-contractors into its own hazard assessment process including the identification of appropriate control measures.

### **Contractor/Subcontractor Selection:**

1. Gazzola Paving Ltd. Project Manager to determine which and when subcontractor will be working on a project site.
2. Gazzola Paving Ltd. Project Manager to communicate subcontractor details to Health and Safety Coordinator and Site Superintendent.
3. Gazzola Paving Ltd. Project Manager to provide direct Subcontractor with a copy of the Gazzola Paving Ltd. Health & Safety Program (or applicable/relevant portions).
4. Gazzola Paving Ltd. Senior Management or Project Manager to provide subcontractors with a complete subcontract agreement outlining the scope of work, timelines, milestones and payment details.
5. Gazzola Paving Ltd. Senior Management or Project Manager to provide subcontractor with a copy of this procedure.
6. Subcontractor to provide all documentation prior to beginning work:
  - Subcontractor Health and Safety Agreement (Form 4-1)
  - Fully signed contract
  - Hazard acknowledgement letter (Form 4-2)
  - Subcontractor Adherence to Contractors Health and Safety Program (Form 4-3)
  - Form 1000
  - WSIB clearance certificate
  - Liability insurance certificate
  - Competent Supervisor Form (Form 4-4)
  - SDS Sheets and Proof of Worker(s)WHIMS training
  - Additional Training Certificates as Required by all legislative acts and regulations relevant to the scope of their work (ex. Work at Height)
  - Copy of Subcontractor's Health & Safety Policy
  - Copy of Subcontractor's Workplace Violence & Harassment Policy
  - Pre-Start JHA (Refer to Form 2-1-1)
  - Underground Utility Locates
7. Subcontractor to complete transfer of Gazzola Paving Ltd. Health & Safety Program details and required documentation to any party under their employ and direction, whether directly or via a subcontract.

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8. Subcontractor to ensure that all persons under their direction or employ, whether directly or via subcontract, shall be fully aware and remain compliant with this policy and all appropriate transfer of policy and expectation is completed.

### **Contractor/Subcontractor Monitoring:**

9. Gazzola Paving Ltd. Health and Safety Coordinators and Site Superintendents/Foremen shall inspect and monitor the ongoing activities of the subcontractor.
10. Subcontractor to always complete necessary modifications when noted to remain compliant to all policies and legal requirements.
11. Gazzola Paving Ltd. Health and Safety Coordinators to note any subcontractor violations relative to health, safety, and environmental and bring to the attention of Gazzola Paving Ltd. senior management. This includes direct and indirect subcontractors. Non-compliant entities will be warned of the infraction and held accountable as required. This will be accomplished using various methods, including, but not limited to, progressive corrective actions or contract removal.
12. Gazzola Paving Ltd. senior management, in conjunction with the Project Manager to review the subcontractor upon completion of the work. The Approved Subcontractor List to be updated based on results of the review.

### **Contractor/Subcontractor Review Procedure**

1. Project Manager to complete the subcontractor review form. ( 4-5)
2. Advise Senior Management of any issues that were identified during the review process.
3. Keep a record of the review in the job file.
4. Update the approved subcontractor list rating based on the most recent review.
5. Arrange a meeting with the subcontractor to discuss any performance issues if planning on using the subcontractor again.
  - a. Make minutes of the meeting and distribute to Senior Management, Project Manager(s), Subcontractor.

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### Sub-Contractor Document Submissions

#### **Gazzola Paving Ltd. Subcontractor Health & Safety Job Start Up Mandatory Submissions**

- Subcontractor Health and Safety Agreement (Form 4-1)
- Fully signed contract
- Hazard acknowledgement letter (Form 4-2)
- Subcontractor Adherence to Contractors Health and Safety Program (Form 4-3)
- Form 1000
- WSIB clearance certificate
- Liability insurance certificate
- Competent Supervisor Form (Form 4-4)
- SDS Sheets and Proof of Worker(s) WHIMS training
- Additional Training Certificates as Required by all legislative acts and regulations relevant to the scope of their work (Ex. Work at Height)
- Copy of Subcontractor's Health & Safety Policy
- Copy of Subcontractor's Workplace Violence & Harassment Policy
- Pre-Start JHA (Refer to Form 2-1-1)
- Underground Utility Locates

#### **Gazzola Paving Ltd. Subcontractor Health & Safety Daily and Weekly Submission Requirements**

\* Subcontractor can submit their own forms provided Gazzola Paving Ltd. deems them to be sufficient. This means of equal or greater standard than the forms provided herein by Gazzola Paving Ltd. \*

#### **Daily**

1. Daily Job Hazard Assessment (Refer to Form 2-2-1)
2. Pre-Dig Utility Checklist/Locates (Form 4-6)
3. Traffic Protection Plan

#### **Weekly**

1. Weekly Site Inspection (Refer to Form 9-1-1)
2. Record of Toolbox Talk (Refer to Form 8-2-1)

#### **Communication & Coordination:**

**Gazzola Paving Ltd.** will maintain open communication channels with all workplace parties including subcontractors and service providers, especially when there is a change that will affect the Health and Safety of the work.

**Gazzola**, when working as the General Contractor on a project, maintains the right to lead the coordination of all Health and Safety requirements for all subcontractors.

**Gazzola Paving Ltd.** will enforce the Health & Safety measures and procedures prescribed by the Occupational Health and Safety Act (OHSA) and all applicable regulations to ensure the Health and Safety of all workers on the project is protected as listed under the Constructor duties in the Occupational Health and Safety Act (OHSA).

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### DISTRIBUTION

The **Project Manager** will ensure distribution of this documentation when requested and gathering of all pertinent information during the procurement process.

The **Project Manager** and **Superintendent** will also be responsible for the distribution and gathering pertinent information to/from the Subcontractors during the Site Orientation.

### RECORDS

All information gathered during the hiring process and the orientation process shall remain on file for a period of at least five years.

# 4-1 Form – Subcontractor Health & Safety Agreement

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Company: \_\_\_\_\_

Date: \_\_\_\_\_

Project/Contract #: \_\_\_\_\_

Gazzola Paving Ltd. reminds their sub-contractors that they are required to work in a safe manner, and to comply with all applicable requirements of the Ontario Occupational Health and Safety Act regulations and other applicable codes and standards and in particular, the Construction Project Regulation.

This checklist is to be completed by the sub-contractor and reviewed at the pre-construction meeting by the Construction Project Manager and/or Health and Safety Management. Contractors are reminded to bring their completed checklist form with them to the pre-construction meeting.

## 1. NOTICES

Gazzola Paving Ltd. must be notified in writing when the Ministry of Labour has been contacted. Have you read and understood the sections for filing notices and completing registrations?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • When a critical injury or death occurs at a workplace             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Where an accident, explosion or fire causes injury at a workplace | <input type="checkbox"/> | <input type="checkbox"/> |
| • Accident and/or explosion   | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. CONTRACTORS SITE SAFETY DOCUMENTATION

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • Health and Safety Policy                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copy of Occupational Health and Safety Act                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • WSIB Poster (In case of Injury)                              | <input type="checkbox"/> | <input type="checkbox"/> |
| • MSDS/SDS Sheets  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ministry of Labour Inspection Reports Posted (If Applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Registration of Contractors and Employers (Form 1000)        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Traffic Control Plan   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Name of Health and Safety Representative                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Name of persons trained in First Aid                         | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. HEALTH AND SAFETY REPRESENTATIVE

Joint Health and Safety Committee (required when there are more than 20 workers on the project and the project is to last more than 3 months or when ordered by the Ministry of Labour)

- Health and Safety Representative (required where the number of workers regularly exceed 5 or when ordered by the Ministry of Labour)

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_



# 4-1 Form – Subcontractor Health & Safety Agreement

## 4. PERSONAL PROTECTIVE EQUIPMENT AVAILABLE

	Yes	No	N/A
• Hard Hats/Safety Footwear/Reflective Safety Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respiratory Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Confined Space Entry Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5. CONTRACTOR STAFF TRAINING CONFIRMATION

	Yes	No	N/A
• WHMIS Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Orientation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Traffic Control Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Confined Space Entry Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment Training for Operators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment Operator Signaller Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Trenching/Excavation Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Working at Heights Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use and Care of PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asbestos Awareness Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fit testing of respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ontario Reg 297/13 – Occ. Health and Safety Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Copies of Certificates submitted:

## 6. TRAFFIC CONTROL MEASURES

	Yes	No
• Traffic Control Plan to be provided on the field as per the MTO Traffic Control Manual for Roadway Work Operations	<input type="checkbox"/>	<input type="checkbox"/>

## 7. SUPERVISION

Name of Competent Supervisor: \_\_\_\_\_

Contact #: \_\_\_\_\_  
CELL BUSINESS

## 8. EMERGENCY

Accident Prevention, Reporting & Procedure	Yes	No	N/A
• Is an Emergency Plan in Place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are First Aid Kits available onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are qualified First Aider's onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency telephone number	(      ) _____		
• Police Non-Emergency number	(      ) _____		

## 4-1 Form – Subcontractor Health & Safety Agreement

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### 9. CONFINED SPACES

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| • Does the sub-contractor have testing equipment and procedures capable of evaluating hazards within a confined space before entry?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the sub-contractor familiar with the confined space requirements outlined in the Occupational Health & Safety Act and Regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 10. EXCAVATIONS/TRENCHING

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| • The sub-contractor understands that it is their responsibility to arrange for underground utility locates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of support system proposed:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Timbering and Shoring   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pre-fabricated support system   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Trench Box (liner) certified  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sloping as per soil type  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Hydraulic support system  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sheathing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List and discuss any additional potentially hazardous conditions or operations that are typically associated with the project (if required):

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Gazzola Paving Ltd. Project Manager: \_\_\_\_\_

Sub-Contractor Representative: \_\_\_\_\_

(I declare that I have answered all required questions in the application fully and truthfully)

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Contact: \_\_\_\_\_

## **4-2 Form – Hazard Acknowledgement Letter**

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### **Hazard Acknowledgement Letter**

In accordance with the Health and Safety program of **Gazzola Paving Ltd.**, I hereby confirm and acknowledge that all employees and/or company affiliates of

\_\_\_\_\_ have reviewed and understand all the Hazards identified  
(Insert Company Name)

through our comprehensive Job Site Hazard Assessment for

Job/Contract No. \_\_\_\_\_ on \_\_\_\_\_

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*\*It is also \_\_\_\_\_ responsibility to  
(Insert Company Name)*

*identify any additional hazards as part of their scope of work being conducted\**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

## **4-3 Form – Subcontractor Adherence to Contractor's Health & Safety Program**

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I/We of \_\_\_\_\_ do solemnly declare that we do now and will continue to comply with all statutes including the Occupational Health and Safety Act, Ministry of Labour, Ministry of Transportation, Workers Safety and Insurance and all regulations thereunder.

I/We of \_\_\_\_\_ agree to indemnify and hold harmless **Gazzola Paving Ltd.** and the constructor's officers, directors, supervisors, agents and employees from and against all claims, actions, legal proceedings, demands, obligations, statutory demands, costs, legal costs on a solicitor and his own client basis and damages made or claimed against **Gazzola Paving Ltd.** arising out of or attributable to a breach by \_\_\_\_\_ of its obligations under the Occupational Health and Safety Act, Ministry of Labour, Ministry of Transportation, Workers Safety and Insurance Board and any regulations made thereunder.

I/We of \_\_\_\_\_ do solemnly declare that we have reviewed the Constructor's Health and Safety Policy and Program and will adhere to the most stringent of the following requirements: Statutory and Regulatory Requirements; Constructor's Health and Safety Program; Subcontractor's Health and Safety Program.

I/We of \_\_\_\_\_, understand that **Gazzola Paving Ltd.** will also be notified of any incidents that requires the Ministry of Labour, Ministry to be notified of, per legislated requirements in the Ontario Health & Safety Act.

I/We of \_\_\_\_\_, do solemnly declare that we have conducted Job Hazard Assessments and will continue to comply with all statutes including the Occupational Health and Safety Act, Ministry of Labour, Ministry of Transportation, Workers Safety and Insurance and all regulations thereunder.

I/We of \_\_\_\_\_, understand that **Gazzola Paving Ltd.** will be required to receive weekly tool box talks and will continue to comply with all statutes including the Occupational Health and Safety Act, Ministry of Labour, Ministry of Transportation, Workers Safety and Insurance and all regulations thereunder.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
WitnessDate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

## 4-4 Form – Competent Supervisor

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### Subcontractor Declaration of Competent Supervisor

IN THE MATTER OF: Contract work performed by:

\_\_\_\_\_  
(Company Name)

at the \_\_\_\_\_

\_\_\_\_\_  
(Name of Project)

1. I am the \_\_\_\_\_

\_\_\_\_\_  
(Title)

of \_\_\_\_\_

\_\_\_\_\_  
(Company Name)

and as such have the knowledge of the matters herein stated.

2. \_\_\_\_\_

\_\_\_\_\_  
(Company Name)

is a

\_\_\_\_\_  
(Choose one: Sole Proprietorship/Partnership/Corporation)

with its head office located at

\_\_\_\_\_  
(Address)

and has carried on a business as a contractor since or on about

\_\_\_\_\_  
/ /  
(Insert Date)

3. \_\_\_\_\_

\_\_\_\_\_  
(Company Name)

has since \_\_\_\_\_

/ /  
(Insert Date)

had in place a Health and Safety Policy under section 25(2) J of Ontario's Occupational Health and Safety Act -R.S.O. 1990, c.O..1. as amended (the "Act") and has developed and maintains on an annual basis, a program to implement the written Occupational Health and Safety Policy. A copy of the policy is available for inspection upon request.

4. \_\_\_\_\_

will employ for this project, a supervisor

or supervisors who are competent persons as defined by section 1 (1) of the Ontario Construction Regulations and specifically the following person(s) who:

- a) are qualified because of knowledge, training and experience to organize the project work and its performance.
- b) are familiar with the Act and Regulations for Construction Projects that apply to the project work; and
- c) have knowledge of any potential or actual danger to health and safety at the project

## **4-4 Form – Competent Supervisor**

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5. \_\_\_\_\_ will employ, for the purpose of this  
(Company Name)

or any project, the following competent supervisors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

No supervisors other than those named shall work on the project in a supervisory capacity.

6. The supervisors employed by \_\_\_\_\_  
(Company Name)

have successfully completed the necessary health and safety courses to be considered a competent person to undertake the work described in the contract.

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Company Official's Print Name

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Company Official's Signature

Date: \_\_\_\_\_

## 4-5 Form – Sub-Contractor Health & Safety Performance Review

### Sub-contractor Health & Safety Performance Review

**Subcontractor Name:** \_\_\_\_\_

**Job No:** \_\_\_\_\_

<b>Evaluation Criteria</b>	<b>Exceptional</b>	<b>Satisfactory</b>	<b>Unacceptable</b>
1) Did the work get done on time? <hr/>			
2) If not, were reasons Avoidable _____ Unavoidable _____			
3) Adherence to Gazzola's Health & Safety Program Requirements			
4) Compliance with OHSA & applicable regulations			
5) Were specific safety Issues addressed in a timely & acceptable manner?			
6) Were all daily/weekly forms required delivered in a timely & acceptable manner?			
7) Were all incidents reported to Gazzola's Superintendents on site in a timely manner?			
8) Overall Health & Safety Performance			
<b>Description</b>	<b>Number of Occurrences</b>		
Total number of incidents			
Total number of critical injuries reported to the Ministry of Labour			
Property damage incidents			
Ministry of Labour orders			

Review Prepared by: \_\_\_\_\_  
(Name & Signature)

\_\_\_\_\_ (Date)

## 4-6 Form – Pre-Dig Utility Checklist

### PRE DIG UTILITY CHECKLIST

Project Location: \_\_\_\_\_ Job No.: \_\_\_\_\_

	Yes	No
Have the Locates been reviewed and marked out as per the request (Proof of Locates to be provided to the contractor upon request)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the utility point marks in the field visible?	<input type="checkbox"/>	<input type="checkbox"/>
Ensure all parties involved in the project are participating in the orientation in advance of work. Identify each type of utility that will be encountered as well as their locations and all measures that will be taken to locate and can prevent damage to each.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure excavation area is outlined in "white" paint for additional awareness, as necessary.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that a copy of the locates have been given to the Operators and placed in the equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Identify the type, size and material of the utility that has been identified and acknowledged in advance of locating the utility.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the excavation to locate the utility by hand and/or vacuum is from the existing surface to the utility without the use of mechanical equipment/machinery.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the uncovered utility matches the utility locate.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the utility is uncovered across the full-width of the excavator and visible for the operator to see.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure one or more persons as required are appointed as dedicated spotter.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the utility is protected by the vertical walls of the excavation.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure you report any unsafe or pre-existing condition of the utility that doesn't appear to be normal condition.	<input type="checkbox"/>	<input type="checkbox"/>
Ensure all proper measures are being implemented to protect the utility and the well-being of the utility is not compressed.	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Name: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_