



APPENDIX A
**CONTRACTING ORGANIZATION HEALTH AND
SAFETY QUESTIONNAIRE**

This questionnaire will determine how you fit into your contracting organization's health and safety management system. Meet with your contracting organization's contact and determine the answers to the questions. If they answer "No" to any of the questions you will have to implement systems to deal with the item. While completing this form take notes, ask for copies, ask for examples, ask how often, etc. It will help you be prepared when health and safety issues arise.

Small Employer Name: _____

Representative: _____

Telephone Number: _____ **Fax Number:** _____

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION

1. Do I/we have a contact person for health and safety issues? YES NO

(Name: _____)

Please explain.

2. Will you be conducting safety inspections on the work that I do? YES NO

2.1 Are there specific procedures for reporting hazards to you? YES NO

2.2 Will I/we be notified when the hazards have been corrected? YES NO

2.3 Are there specific health or safety hazards we should be aware of on your site? YES NO

Please explain.

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION

3. Are there specific job procedures that we are required to follow? YES NO

Please explain.

4. Are there site specific safety rules to follow? YES NO
- 4.1 Is there specific PPE required on this site? YES NO
- 4.2 Do you provide any PPE? YES NO

Please explain.

5. Are there specific emergency response procedures we need to follow for:
- 5.1 Site evacuation (responsibilities, signals, communications)? YES NO
- 5.2 Medical emergency evacuations? YES NO
- 5.3 First aid for serious injuries? YES NO

Please explain.

6. Do you require site health and safety orientation? YES NO

Please explain.

7. Do I/we require specific health and safety training for work performed on your site (H2S, WHMIS, confined space, etc.)? YES NO

Please explain.

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION

8. Are we required to attend your safety meetings? YES NO

Please explain.

9. Are there specific procedures we must follow for accident/incident reporting? YES NO

Please explain.

10. Are there specific procedures we must follow for accident/incident investigations? YES NO

Please explain.

Contracting Organization Name: _____

Representative: _____

Telephone Number: _____ Fax Number: _____

Signature: _____ Date: _____