**Appendix 2.0 - Sub-Contractor Orientation Form**

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| Sub-Contractor Name: | Project: |
| Date of Hire: | Date of Review: |

Danosh Construction Inc. - Key Personnel & Phone Numbers

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| --- | --- |
| Project Manager: |  |
| Superintendent: |  |
| Company Safety Coordinator: |  |

**Sub Contractor’s Key Personnel & Phone Numbers**

|  |  |
| --- | --- |
| Project Manager: |  |
| Superintendent: |  |
| Foreman: |  |
| Crew Health and Safety Representative: |  |
| Company Joint Health and Safety Representative: |  |
| Company Safety Coordinator: |  |

**Health and Safety Checklist**

* The Sub-Contractor has received a copy of the Danosh Construction Inc. Safety Policy Booklet.
* The Sub-Contractor has been requested to read and apply the information in the Danosh Safety Booklet; then complete, sign, and submit the acknowledgement sheet.
* The Sub-Contractor has been requested to provide a copy of **their** Health and Safety Program
* The Sub-Contractor has been requested to provide a copy of **their** WSIB Clearance Certificate
* The Sub-Contractor has been requested to provide a copy of **their** MOL Form 1000
* The Sub-Contractor has been requested to provide a copy of **their** Liability Insurance
* The Sub-Contractor has been reminded of their “right to refuse work”, and obligation to report hazards.
* The Sub-Contractor has been given a review of Danosh’s WHMIS program and will provide any MSDS’s as required
* The locations of First Aid equipment, Fire extinguishers, and Eyewash stations have been confirmed.
* The certified first-aider for the Sub-Contractor has been identified:
* The location of emergency phone and contacts list has been identified
* The Sub-Contractor has been instructed to inform Danosh immediately in the event of an injury to any of their personnel while attending a Danosh Construction Inc. Project.
* Accident/Incident reporting procedures have been reviewed.
* The definition of a Critical Injury and requirements for site preservation has been reviewed.
* The Sub-Contractor has been given notice that their performance will be evaluated at the completion of their work; and this evolution may have bearing on any future works for Danosh Construction Inc.

The following generic hazards have been reviewed and the worker will consult the Foreman for safe work procedures as needs arise:

|  |  |  |
| --- | --- | --- |
| * Trenching & Excavations | * Material Handling | * Hoisting and Lifting Devices |
| * Work adjacent to Utilities | * Moving Equipment Hazards | * Working in Traffic |
| * Tunnels/Shafts/Cofferdams | * Confined Spaces | * Working at Heights |
| * Use of Power tools |  |  |

Please describe any previous training that the Sub-Contractor or their employees may have acquired, as it pertains to the nature of work being sub-contracted for:

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*When reviewing this form with the Sub-Contractor’s representative, take extra time to ensure the Representative fully comprehends the information being provided. Make sure that you check the boxes as you discuss each item and you end off with both you and the Representative signing the form.*

**Sub-Contractor Evaluation Form**

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| --- | --- |
| Sub-Contractor Name: | Project: |
| Date for Completion of Work: | Date of Review: |

Danosh Construction Inc. - Key Personnel & Phone Numbers

|  |  |
| --- | --- |
| Project Manager |  |
| Superintendent |  |
| Company Safety Coordinator / Reviewer |  |

**Sub Contractor’s Key Personnel from Site**

|  |  |
| --- | --- |
| Project Manager |  |
| Superintendent |  |
| Foreman |  |
| Crew Health and Safety Representative |  |
| Company Joint Health and Safety Representative |  |
| Company Safety Coordinator |  |

**Health and Safety Checklist re: Compliance - highlight any deficiencies**

* The Sub-Contractor provided a copy of **their** Health and Safety Program
* The Sub-Contractor provided a copy of **their** WSIB Clearance Certificate
* The Sub-Contractor provided a copy of **their** MOL Form 1000
* The Sub-Contractor provided a copy of **their** Liability Insurance
* The Sub-Contractor informed Danosh immediately following any injury to any of their personnel

The following generic hazards have been reviewed and comments provide compliance notes:

|  |  |
| --- | --- |
| * Trenching & Excavations | * Tunnels/Shafts/Cofferdams |
| * Material Handling | * Confined Spaces |
| * Hoisting and Lifting Devices | * Working at Heights |
| * Work adjacent to Utilities | * Use of Power tools |
| * Moving Equipment Hazards | * Working in Traffic |
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Additional Notes relating to job performance and/or notable occurrences while on the project.

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***When reviewing this form with the Sub-Contractor’s representative, take extra time to ensure the Representative fully comprehends the information being provided. Make sure that you check the boxes and make notes as you discuss each item and you end off with both you and the Representative signing the form.***

|  |  |
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| **Danosh Rep Signature** | **Danosh Rep Print / Date** |
| **Sub Rep Signature** | **Sub Rep Print / Date** |