

SUBCONTRACTOR ORIENTATION FORM

Health and safety orientations are required under the BC Occupational Health and Safety Regulations. This form is to be completed before a new subcontractor commences work on your site. Please complete all sections that are applicable.

This form must be signed and dated by the individual responsible for the orientation and the subcontractor representative who has received the orientation. Once signed, maintain the original copy of the Subcontractor Orientation Form as documentation.

Subcontractor

Company:		
Representative:		Title:
Address:		
	City:	Postal:
Phone:	Cell:	Other:
Service Provided:	WCB#:	

COMPANY ORIENTATION

GENERAL – This section to be completed during the subcontractor agreement.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Safety Program & OH&S Manual
<input type="checkbox"/> Health and Safety Policy
<input type="checkbox"/> Responsibilities | <input type="checkbox"/> Policy & Procedure Manual
<input type="checkbox"/> Reporting Procedures
<input type="checkbox"/> General Safety Rules
<input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> QMS – Standard Work Procedures & Safe Work Practices
<input type="checkbox"/> Hazard Awareness
<input type="checkbox"/> First Aid | <input type="checkbox"/> Reporting Procedures & Investigations
<input type="checkbox"/> Avalanche Awareness
<input type="checkbox"/> Violence in the Workplace
<input type="checkbox"/> Environmental Policies |
|---|--|--|---|

SUPERVISOR/FOREMAN SECTION

To Supervisors: Please ensure that your subcontractor has been oriented and instructed (with demonstration when necessary) on all topics that are applicable for your work site. Site orientation items can be found below in checklist form. Blank spaces have been provided so that you may include additional items that are appropriate to your site and your subcontractors' responsibilities.

SUBCONTRACTOR SITE ORIENTATION

<input type="checkbox"/> Supervisor Contact Info <input type="checkbox"/> Site Orientation <input type="checkbox"/> Incident Reporting Procedure <input type="checkbox"/> Site Hazard Assessment / Potential Risks <input type="checkbox"/> Traffic Control / Plan <input type="checkbox"/> Corrective Actions	<input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Emergency Procedures <input type="checkbox"/> Toolbox Meetings/ Participation / General Crew Meetings <input type="checkbox"/> First Aid, medical facilities & summoning first aid <input type="checkbox"/> Records / Documentation <input type="checkbox"/> _____
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Safety and Training is Everyone's Responsibility

Supervisor Comments:

Service Area: _____

I, the undersigned subcontractors' representative hereby claim that I have reviewed the Emcon Services Inc. Occupational Health and Safety Manual, that I know the location of such policy, and that I understand it, agree to it, and will abide by it at all times. I, the undersigned subcontractors representative ensure that all employees have the applicable licenses and permits to perform the agreed to services.

Representative Signature: _____ Date: _____

I have instructed the foregoing information with the above subcontractor and believe that he/she has a reasonable understanding of the information.

Orientator's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SITE ORIENTATION MUST BE COMPLETED PRIOR TO COMMENCING WORK.

**FAILURE TO COMPLY WITH THE SAFETY PROGRAM AND ALL APPLICABLE LAWS & REGULATIONS MAY
RESULT IN CONTRACT CANCELLATION.**

Original Copy to Be Signed and Maintained as Documentation

cc. Corporate Office