



PRE-MOBILIZATION SAFETY REQUIREMENTS



Project # and Name: _____

Subcontractor (or Sub-Subcontractor): _____

If this form is regarding a sub-subcontractor, the subcontractor engaging the sub-subcontractor: _____

Name of Contact: _____ Contact E-Mail: _____ Contact Telephone #: _____

In addition to the standard financial and legal obligations with your first billing submission; the following safety-related documentation must also be submitted to the PCL Management prior to payment of first billing:

ITEM	SUBMITTED	REVISE/ RESUBMIT
1. Subcontractor's Registration of Contractors and Employers Engaged in Construction (form 016-1000E)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Project Specific HSE Plan Acknowledgement (HSE-15-01)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Declaration of Competent Supervisor (D09.OP.HS.05.304)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Subcontractor's HSE Plan and/or PROJECT SPECIFIC Job Hazard Analysis (JHA)/Safe Work Procedure (SWP)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Material Safety Data Sheets	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6. Certificate of Insurance	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7. WSIB Clearance Certificate	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

In addition to the documentation above, the following information must be provided:

SUB-SUBCONTRACTORS		
Has or will any portion of the subcontractor's work be subcontracted to a sub-subcontractor? If so, please complete the section below.		<input type="checkbox"/> Y <input type="checkbox"/> N
SCOPE OF WORK WHICH HAS BEEN OR MAY BE AWARDED TO A SUB-SUBCONTRACTOR	NAME OF SUB-SUBCONTRACTOR (IF KNOWN)	APPROXIMATE DATE OF SUB-SUBCONTRACTOR MOBILIZATION ON SITE

PLEASE NOTE: The subcontractor is fully responsible for each sub-subcontractor that they hire. At minimum, item 1 must be submitted on behalf of each sub-subcontractor the subcontractor engages before their respective sub-subcontractor is permitted to mobilize on site. Depending on the scope of work (high risk activity / chemical use), items 4 and 5 may also need to be collected. Failure to provide this information will result in payment delays. PCL Superintendent signs the form once all documentation has been received and verified.

Subcontractor's Supervisor (print)

PCL's Superintendent (print)

Subcontractor's Supervisor (signature)

PCL's Superintendent (signature)

Date Signed (print)

Date Signed (print)



MONTHLY SAFETY SUBMITTAL



Project # and Name: _____ Subcontractor: _____

For the Month of: _____

INSTRUCTIONS:

- Indicate start and end date (month and day) for each week. For weeks 1 and 5 only, provide information only for those days that fall within the current billing month.
- Indicate work hours for each day Subcontractor representation was present on site [(work-hours = number of workers times hours of work that day (ex. hours of work 7:00 am to 4:00 pm and 5 workers, equals 45 work-hours))].
- Indicate days PSIs were completed by inserting a checkmark for such days.
- Indicate days HSE field meetings (i.e. Toolbox/Tailgate Talks) were completed by inserting a checkmark for such days.
- Confirm completion of subcontractor monthly safety inspection and attach a completed copy of the form used.
- **Form D09.OP.HS.05.301 Pre-Mobilization Safety Requirements is required for your first billing only.**

SUBMITTALS REQUIRED:

		Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Totals
Week 1 Start: End:	Work-hours								
	PSI								
	HSE Field Meeting Topic								
Week 2 Start: End:	Work-hours								
	PSI								
	HSE Field Meeting Topic								
Week 3 Start: End:	Work-hours								
	PSI								
	HSE Field Meeting Topic								
Week 4 Start: End:	Work-hours								
	PSI								
	HSE Field Meeting Topic								
Week 5 Start: End:	Work-hours								
	PSI								
	HSE Field Meeting Topic								

Subcontractor monthly safety inspection completed this month : ☐ Y ☐ N Total project Work-hours for this month:

Subcontractor's Supervisor (print)

PCL's Superintendent (print)

Subcontractor's Supervisor (signature)

PCL's Superintendent (signature)

Date Signed (print)

Date Signed (print)

For PCL Office Use Only:		Name (please print)	Initials
Entered into SMC?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Entered into tracking systems?	<input type="checkbox"/> Y <input type="checkbox"/> N		

Copy Accounting

Registration of Constructors and Employers Engaged in Construction

Pursuant to section 5 of the Regulation for Construction Projects made under the *Occupational Health and Safety Act*, "Before beginning work at a project, each constructor and employer engaged in construction shall complete an approved registration form. The constructor shall ensure that each employer at the project provides to the constructor a completed approved registration form; and a copy of the employer's completed form is kept at the project while the employer is working there."

Fields marked with an asterisk (*) are mandatory.

Nature of Business (check one) *

☐ Individual
 ☐ Sole Proprietor
 ☐ Corporation
 ☐ Partnership
 ☐ Joint Venture

Business Address

Unit Number	Street Number *	Street Name *	Street Type	Street Direction
PO Box	Rural Route	City/Town *	Province *	Postal Code *
Telephone Number *	Fax Number	Email Address (if available)		

Business Registration Information

Harmonized Sales Tax Number	WSIB Account Number	WSIB Rate Group Number
Do you have a clearance certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate Number

Project Information

Average number of employees employed by your firm on the project * ☐ 1 - 5 ☐ 6 - 19 ☐ 20 - 49 ☐ 50+

Project Location

Does the project have a street address? ☐ Yes ☐ No

Location - street address

Unit Number	Street Number	Street Name	Street Type	Street Direction
City/Town	Province ON	Postal Code	Workplace Telephone Number	

Location - not a street address

Directions to the workplace:

Lot and plan

Acknowledgement *

- ☐ I confirm that I am authorized to complete this form.
☐ I hereby certify that the information provided is true and correct to the best of my knowledge.

Last name of person completing this form *

First name of the person completing this form *

Title *

Date (yyyy/mm/dd) *

Email Address *

17 Project Specific HSE Plan Acknowledgement

Project Name: Mackenzie Vaughan Hospital, 0900612

After reviewing the policies and practices as outlined in the plan, the company owner, project superintendent, on-site supervision, lead hands, and all subcontractors are to sign off this sheet. This sign-off sheet must be returned to the PCL project manager, before commencement of work related activities on the project.

I have read and understand this Project Specific Health, Safety and Environment Plan and will carry out my work within these guidelines.

Company Name: _____

Company Owner

Name: _____ Date: _____

Signature: _____ Title: _____

Company Superintendent

Name: _____ Date: _____

Signature: _____ Title: _____

On Site Supervision

Name: _____ Date: _____

Signature: _____ Title: _____

NOTE: This page, once signed by the company owner; company superintendent and/or on-site supervision shall be placed on file in the PCL project OH files.



DECLARATION OF COMPETENT SUPERVISOR



Project # and Name: _____

Subcontractor (or Sub-Subcontractor): _____

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

Subcontractor's/Sub-Subcontractor's Head Office Address: _____

Do you agree to provide PCL a copy of your HSE policy and HSE program for inspection upon request? ☐ Yes ☐ No

Current revision date of your HSE policy: _____

Current revision date of your HSE program: _____

The competent Supervisor(s) who will be employed for the project identified above are as follows:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

The Supervisor(s) identified immediately above:

Are qualified because of knowledge, training and experience to organize the project work and its performance: ☐ Y ☐ N

Are familiar with the Ontario Act and Regulations for Construction Projects that apply to the project work: ☐ Y ☐ N

Have knowledge of any potential or actual danger to health and safety at the project: ☐ Y ☐ N

Have successfully completed the necessary health and safety courses to be considered a competent person to undertake work described in the contract: ☐ Y ☐ N

Subcontractor's/Sub-Subcontractor's Official (print name)

Subcontractor's/Sub-Subcontractor's Official's Title (print)

Subcontractor's/Sub-Subcontractor's Official's Signature

Date Signed (print)



Pre-Job Safety Instruction Form (Front)



Pre-Job Safety Instruction (PSI)
Please complete a PSI at the task location prior to start of each task or when conditions change.

Company / Craft	Date	Time	Job No. / Permit No.
Project	Task Location	Muster / Meeting Point	

✓ Review these items with the crew at the site of the task and check the blocks that apply to the work.
"HIGH RISK" activities need a HSE Operating Procedure or a JHA. (Supervisor to Identify)

Environmental Hazards

- ☐ spill potential / containment
- ☐ HAZMAT / TDG storage
- ☐ weather conditions
- ☐ MSDS reviewed for hazardous materials
- ☐ ventilation required
- ☐ heat stress / cold exposure
- ☐ lighting levels too low
- ☐ housekeeping

Ergonomics Hazards / Material Handling

- ☐ working in a tight area
- ☐ parts of body in line of fire
- ☐ working above your head
- ☐ pinch points identified
- ☐ repetitive motion

Work at Height Hazards

- ☐ barricades, flagging, and signs in place
- ☐ hole coverings in place
- ☐ protect from falling items
- ☐ powered platforms
- ☐ others working overhead/below
- ☐ fall arrest systems
- ☐ ladders

Activity Hazards

- ☐ welding / grinding
- ☐ burn / heat sources
- ☐ compressed gases
- ☐ working on / near energized equipment
- ☐ electrical cords / tools - condition
- ☐ equipment / tools inspected
- ☐ critical lift meeting required
- ☐ energy isolation
- ☐ airborne particles
- ☐ open hole(s) / leading edge(s)
- ☐ mobile equipment / vehicle
- ☐ rigging
- ☐ excavation / underground work hazards
- ☐ confined space

Access / Egress Hazards

- ☐ scaffold (inspected and tagged)
- ☐ slip / trip potential identified
- ☐ required permits in place
- ☐ excavations
- ☐ walkways / roadways
- ☐ Other:

Personal Limitations / Hazards

- ☐ clear instructions provided
- ☐ trained to use tool and perform task
- ☐ distractions in work area
- ☐ working alone (communication)
- ☐ lift too heavy / awkward position
- ☐ external noise levels
- ☐ physical limitations
- ☐ first aid requirements

PPE Requirements

- ☐ goggles / Fectoggles / Spoggles
- ☐ face shield
- ☐ gloves (kevlar or leather)
- ☐ covers (fire retardant)
- ☐ hearing protection
- ☐ respirator
- ☐ harness / lanyard
- ☐ reflective vest
- ☐ footwear (condition / application)

✓ Identify the task steps and hazards, and then identify the plans to eliminate or control the hazards.

TASK STEPS	HAZARD	CONTROL

DO NOT SIGN UNTIL YOU UNDERSTAND AND AGREE WITH THE PSI. REVIEW AND INITIAL AFTER BREAKS AND LUNCH.

Worker Signature:	1 st Break	Initial after: Lunch	2 nd Break	Worker Signature:	1 st Break	Initial after: Lunch	2 nd Break
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Supervisor: _____ Print Name _____ Signature _____



Pre-Job Safety Instruction Form (Back)

Auditor: _____ Print Name _____ Signature _____ DD/MM/YY _____

	Adequate	Inadequate		Adequate	Inadequate
1. Task description			6. Workers' names legible		
2. Hazard identification			7. Reviewed / signed by foreman		
3. Hazard controls			8. Muster / assembly point identified		
4. All sections implemented			9. Tools and equipment inspected		
5. Initialed after breaks / lunch			10. PSI at task location		

Comments: _____

Auditors will comment on all inadequate items and those that are worthy of positive recognition.





TAILGATE SAFETY MEETING

Date: _____
Company: _____
Foreman: _____

Project Name: Mackenzie Vaughan Hospital
Project Number: 0900612
Foreman's Signature: _____

Attendance Signatures:

1. _____
2. _____
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30. _____

Safety Items Discussed:

Employee Suggestions:

Corrective Action:

Attachments: