



Trade Contractor Safety Compliance Review Checklist

The Trade Contractor is to complete the following sections (1-8) and along with their completed ITC 'Trade Contractor Safety Compliance Agreement' and submit the required supporting documentation to the ITC Safety Department at:

itcsafetymanagers@itc-group.com

Prior to site mobilization a safety compliance review meeting will be conducted with the Trade Contractor's representatives and the ITC project safety team to complete the pre-qualification process.

Site mobilization will be approved/confirmed upon completion and possible subsequent submission of required trade contractor documentation requirements.

1. Trade Contractor Information

Company Name	Phone
Address	
Designated Qualified Project Supervisor Name: <i>Responsible for the enforcement of all safety requirements under scope of work.</i>	Phone
	Email
Trade Safety Representative Name:	Phone
	Email

2. Trade Contractor Hazard Identification

Trade Contractor to identify hazards based on their scope of work. If marked 'Yes' Trade Contractor must have applicable written hazard assessments, safe work practices, safe job procedures and training documentation i.e., operator's certificates, records of training and practical evaluations.

Ladders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Equipment Lockout & Tagout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hot Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fall Protection (Restraint/Arrest Systems)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Leading Edge Work – Tool Tethering & Control Zones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Portable Electrical/Power Tools/Pneumatic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Compressed Gas Cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cranes & Lifting Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Powered Industrial Vehicles (Forklifts, JLGs, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Excavation and Trenching/Stairways	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
General Waste Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Hazardous Materials & Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Scaffolding/Ladders/Stairways	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Housekeeping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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Work Alone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Traffic Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Trenching and Excavation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pressure Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Electrical Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
High Voltage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Underground Utilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Blasting Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Tunnels and Shafts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Asbestos Abatement/ Lead / Mould	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
First Aid Provision – Biohazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Dump Trucks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Mobile Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Suspended Access Platforms (bosun chair)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Rope Access	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Powered Elevated Work Platforms (swing stage, boom lift, scissor lift)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vehicle Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cutting Metal—Eye and Face Hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cutting, Coring, Grinding Concrete	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Exposure to Dusts (wood, silica, metal etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Overhead Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formwork and Falsework	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Heavy Lifting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Special Permits Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Work Over Water	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Engineering - Special	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

3. Trade Contractor Personal Protection Equipment (PPE)

Is applicable PPE provided (readily available) for Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is all applicable PPE inspected, maintained, and stored as per the manufacture’s specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there documentation to assure that PPE is inspected and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

4. Trade Contractor Corrective Action Process for Unsafe / Inappropriate Worker Behaviour

Is there a documented progressive discipline policy in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is evidence of this policy being implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Trade Contractor Materials and Equipment

Written practices / procedures for acquisition of materials and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Checklist and procedure for inspections on operating equipment (i.e., cranes, forklifts, JLGs) in compliance with regulatory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Inspection and maintenance certification records for operating equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Maintain valid operator’s certificates for all equipment/machines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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6. Trade Contractors Hired Subcontractors		This Section Does Not Apply <input type="checkbox"/>	
Trade Contractor has evaluated the ability of their subcontractors to comply with applicable health & safety requirements as part of the ITC Trade Contractor Management Program and the pre-qualification process.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade Contractor will review the <i>ITC Trade Contractor Management Program</i> and its requirements with all subcontractors, prior to their site mobilization. <i>Contractor shall maintain a record of this communication.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide ITC with supporting documentation of the following for your subcontractors.			
New and Young Worker Orientations (Trade Contractor)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Completed Hazard Assessments for assigned scope of work	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Valid Training Records for their scope of work.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:			

7. Trade Contractor Worker Education and Job Specific Training	
Provided ITC with specific training documentation for assigned workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided ITC with certification records where required by regulatory or industry standards? i.e., fall protection, WHMIS etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided ITC with documentation that relates trade specific hazards and the tasks being performed in a high-risk environment? i.e., confined spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided ITC with specific written safe job procedures for high-risk tasks as outlined by provincial regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

8. Trade Contractor New/Young Worker Orientations			
Trade Contractor will perform their required company New/Young Worker Orientation(s) for their employees <u>before</u> accessing any ITC workplaces <u>AND before</u> obtaining an ITC Site Orientation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			

End.

Trade Contractor is to submit the completed sections 1-8 with supporting documentation.
Remaining form sections will be reviewed with the Trade Contractor by ITC prior to site mobilization.

Any questions while completing program forms, contact the ITC Safety Department.

itcsafetymanagers@itc-group.com



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DO NOT FILL OUT BELOW – INTERNAL ITC CONSTRUCTION GROUP USE ONLY

Trade Contractor Safety Compliance Review Checklist Meeting Record	
ITC Reviewer Name:	Date:
Trade Contractor Safety Agreement Completed and Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

The ITC Reviewer will confirm all listed items commencing with the Trade Contractors sections 1-8. Required documentation must be received in acceptable condition before site mobilization is approved.

ITC General Requirements Reviewed	STATUS		
	Acceptable	Un-Acceptable	Not Applicable
<i>Verification Techniques used include Documentation and Interview.</i>			
Has the contractor completed the ITC Trade Contractor Safety Agreement?			
Has the contractor provided their current health & safety program with applicable written safe work practices and safe job procedures to ITC?			
Has the contractor reviewed both ITC and their own safety programs with their respective employees? (<i>The most stringent requirements of either program will apply</i>).			
Has the contractor provided copies of applicable Safety Data Sheets (SDS)?			
Has the contractor reviewed the applicable SDS with respective workers?			
Does the Contractor maintain a copy of all OHS policy's, programs on site?			
Is the Contractor aware of their accountability and responsibility for the health & safety, safe work practices, safe job procedures for all employees and subcontractors working for them and/or doing business with them on the project?			
Is the Contractor aware of any work force personnel who may have a communication deficit (including functional illiteracy) and/or any other disability which may affect the safety of the worker; and if so, are appropriate accommodations employed?			
Does the Contractor understand the ITC requirements for Investigations and Reporting protocols?			
Does the Contractor understand the ITC requirements for fire protection?			
Does the Contractor understand the significance of Red & Yellow barrier Tape? Also, the need for active control zone signage and coordination?			
Has the contractor developed and provided applicable Exposure Control Plans (ECPs)? i.e., silica exposure			
Has the contractor developed and provided applicable Risk Assessments?			
Has the Contractor developed a Site-Specific Fall Protection Plan?			



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View training documentation for the following. Check that these exist for each applicable worker.	
Supervisor Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hearing Conservation – Annual Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Workplace Hazardous Material Information System (WHMIS) - Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Respiratory Protection	
Where applicable, have employees been:	
<input type="checkbox"/> Trained in Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fit Tested Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Medically Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fall Protection End User	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Confined Space Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

All Trade Contractors are required to complete, participate, and submit the following documentation:			
Safety Meetings / Toolbox Talks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented	Frequency	WEEKLY
Site Trade Safety Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented	Frequency	MONTHLY
Site Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented	Frequency	DAILY
Equipment Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented	Frequency	DAILY
Daily Hazard Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented	Frequency	DAILY
Project Hazard Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documented	Frequency	QUARTERLY

Trade Contractor Follow Up Conditions or Action Items Required			
#	Condition / Action Item	Target Date	Completed Date

Comments:



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Representative(s) of ITC Construction Group in attendance during the meeting:		
Name	Title	Contact Number
Comments:		

Representative(s) of Trade Contractor in attendance during the meeting:		
Name	Title	Contact Number
Comments:		

ITC Completed Trade Contractor Safety Compliance Review Checklist	
ITC Reviewer Signature:	Date:
Trade Contractor Approved for Site Mobilization:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

Documentation Collection and Record Keeping	
ITC Reviewer has uploaded all documentation to SharePoint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

End.