



EAST HANTS

RFx SAFETY QUESTIONNAIRE

Address: 230-15 Commerce Court, Elmsdale, NS, B2S 3K5 Phone: (902) 883-2299 Toll Free: 1-866-758-2299 www.easthants.ca

Company Name:	Date
Company Address:	Phone No.
	E-mail:
Description of work:	

SAFETY CERTIFICATION

1. Are you currently [Safety Certified](#)? If yes, complete this form and provide certificate of recognition with your submission. Remember, this is not the Workplace Injury Insurance program.

☐

YES

☐

NO

Note: Out-of-province companies may submit a current and valid Certificate of Recognition (COR) from their province of origin, or from another recognized safety association which uses an external audit element, for consideration.

SAFETY PERFORMANCE

2. Does your company have any non-compliance or outstanding issues with the Nova Scotia Labour and Advanced Education or any other provincial jurisdiction, such as stop work orders, pending charges/prosecutions, or recent (within the last year) convictions or fines? If yes, please attach a note with details, including the current status or resolution.

☐

YES

☐

NO

SAFETY PROGRAM

3. How many employees do you have? _____



EAST HANTS

RFx SAFETY QUESTIONNAIRE

Address: 230-15 Commerce Court, Elmsdale, NS, B2S 3K5 Phone: (902) 883-2299 Toll Free: 1-866-758-2299 www.easthants.ca

4. Does your company have a written health and safety policy signed by management (5+ employees)?

☐

YES

☐

NO

☐

N/A

5. Does your company have a Joint Occupational Health and Safety Committee (20 + employees)?

☐

YES

☐

NO

☐

N/A

6. Does your company have written safety procedures, manuals and safe work practices applicable to the scope of the work to be performed, including clearly defined safety responsibilities for supervisors and workers?

☐

YES

☐

NO

7. Does your safety policy require sub-contractors to meet the same standard of safety that you maintain? Do you require them to maintain WCB coverage, insurance and safety programs in accordance with legislation?

☐

YES

☐

NO

☐

N/A

If "N/A" is checked, please explain (e.g. do not have sub-contractors)_____

8. Describe your company process for communicating your safety policies, procedures and known hazards?

Please check all applicable methods

YES	PROCESS
<input type="checkbox"/>	Tool box meetings
<input type="checkbox"/>	Handbooks
<input type="checkbox"/>	Website
<input type="checkbox"/>	E-mail communications

Other:_____



EAST HANTS

RFx SAFETY QUESTIONNAIRE

Address: 230-15 Commerce Court, Elmsdale, NS, B2S 3K5 Phone: (902) 883-2299 Toll Free: 1-866-758-2299 www.easthants.ca

9. Do you provide safety training to your employees, as it relates to the work being performed for the Municipality, that is documented? ☐ YES ☐ NO

10. Does your company have an incident reporting process that includes tracking, investigating and reporting incidents?

☐ YES ☐ NO (refer to Municipality's Incident Reporting Program)

11. How do you correct unsafe behaviour? (e.g. disciplinary policy or process)

12. Does your company have a preventative maintenance program for tools and machinery where applicable?

☐ YES ☐ NO ☐ NA

If no, please explain why below:

13. Please be advised that during the competition, or at any time during the contracted work, East Hants may request copies of policies, training records, procedures, etc. as proof that the answers on this questionnaire are true. Do you agree to provide this information if requested?

☐ YES ☐ NO



EAST HANTS

RFx SAFETY QUESTIONNAIRE

Address: 230-15 Commerce Court, Elmsdale, NS, B2S 3K5 Phone: (902) 883-2299 Toll Free: 1-866-758-2299 www.easthants.ca

I, _____ (printed company name) confirm the information provided is true and correct as of the date of this submission. I will report any changes to this information prior to accepting award of any work as well as changes that occur during the performance of the services.

Upon award, I agree to provide a list of contact information of all supervisors that will be used on site, as well as any safety representative or persons responsible for job site safety.

Signature

Date

Printed Name