

PROJECT:	
CONTRACTOR:	
MEETING DATE:	
IN ATTENDANCE:	

**COMPLIED WITH**
                         
  **NOT COMPLIED WITH**
                         
  **NOT APPLICABLE FOR THIS PROJECT**

<p>1. <b>Notice of Project Filed with MOL</b> <input type="checkbox"/></p> <p>2. <b>Review TBH Contractor Safety Procedures:</b> <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>• Undertaking to Comply Signed <input type="checkbox"/></li> </ul> <p>3. <b>Contractor's Health &amp; Safety Policy</b> <input type="checkbox"/></p> <p style="padding-left: 20px;">Details of H&amp;S Program to support the Policy <input type="checkbox"/></p> <p>4. <b>Contact Names &amp; Numbers:</b> <input type="checkbox"/></p> <p style="padding-left: 20px;">#1: _____</p> <p style="padding-left: 20px;">#2: _____</p> <p>5. <b>Personal Protective Equipment:</b></p> <ul style="list-style-type: none"> <li>• Hard Hats <input type="checkbox"/></li> <li>• Safety Footwear <input type="checkbox"/></li> <li>• Safety Glasses <input type="checkbox"/></li> <li>• Rubber Gloves <input type="checkbox"/></li> <li>• FR Clothing <input type="checkbox"/></li> <li>• Other: <input type="checkbox"/></li> </ul> <p>6. <b>Equipment Certification:</b></p> <ul style="list-style-type: none"> <li>• Aerial Devices <input type="checkbox"/></li> <li>• Radial Boom Derricks <input type="checkbox"/></li> <li>• Tension Stringing Equipment &amp; Trailers <input type="checkbox"/></li> <li>• Live Line Tools <input type="checkbox"/></li> <li>• Rubber Cover-Up <input type="checkbox"/></li> <li>• Fall Restrict Devices <input type="checkbox"/></li> </ul> <p>7. <b>Contractor Staff Training:</b></p> <ul style="list-style-type: none"> <li>• Journeyman Power Lineman Registration <input type="checkbox"/></li> <li>• CPR <input type="checkbox"/></li> <li>• First Aid <input type="checkbox"/></li> <li>• Rescue Techniques <input type="checkbox"/></li> <li>• Fall Protection <input type="checkbox"/></li> <li>• TDG / Spill Control <input type="checkbox"/></li> <li>• <input type="checkbox"/></li> </ul>	<p>8. <b>Job Plan and Schedule Submitted</b> <input type="checkbox"/></p> <p>9. <b>Job Progress Reports</b> <input type="checkbox"/></p> <p>10. <b>Procedure for Job Changes</b> <input type="checkbox"/></p> <p>11. <b>Job Planning Expectations</b> <input type="checkbox"/> (Written Tailboards)</p> <p>12. <b>Customer Liaison and Outage Notices</b> <input type="checkbox"/></p> <p>13. <b>Incident Reporting &amp; Investigation</b> <input type="checkbox"/></p> <p>14. <b>Property Damage Procedure</b> <input type="checkbox"/></p> <p>15. <b>First Aid:</b></p> <ul style="list-style-type: none"> <li>• First Aid Kits on site <input type="checkbox"/></li> <li>• Designated First Aider(s) on staff: <input type="checkbox"/></li> </ul> <p style="padding-left: 20px;">Name: _____</p> <p>16. <b>Fire Protection / Extinguishers</b> <input type="checkbox"/></p> <p>17. <b>Emergency Response Plans</b> <input type="checkbox"/></p> <p>18. <b>Spill Control and Cleanup</b> <input type="checkbox"/></p> <p>19. <b>Utility Work Protection Code</b> <input type="checkbox"/></p> <p>20. <b>Communications</b> <input type="checkbox"/></p> <p>21. <b>Work Area Protection / Traffic Control</b> <input type="checkbox"/> (MTO Book 7, Signs &amp; Devices, Traffic Protection Plans)</p> <p>22. <b>Housekeeping</b> <input type="checkbox"/></p> <p>23. <b>Material Handling and Storage</b> <input type="checkbox"/></p> <p>24. <b>Site Restoration</b> <input type="checkbox"/></p> <p>25. <b>Material Pick-up and Returns</b> <input type="checkbox"/></p> <p>26. <b>Safety Talks / Meetings</b> <input type="checkbox"/></p> <p>27. <b>Health &amp; Safety Representative:</b> <input type="checkbox"/></p> <p>_____</p> <p>28. <b>Contractor Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Project Monitoring <input type="checkbox"/></li> <li>• Contractor Performance Report <input type="checkbox"/></li> </ul> <p>29. <b>Terms of Payment</b> <input type="checkbox"/></p> <p>30. <b>Other Issues:</b> <input type="checkbox"/></p> <p>_____</p>
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I thoroughly understand the requirements of each item listed above and will ensure that _____ will comply with the requirements of each item as stated in the Occupational Health & Safety Act and those requested by Thunder Bay Hydro.		
Name of Contractor: _____	Signature: _____	Date: _____