

## INTRODUCTION

Arcadian Projects Inc. is committed to providing a safe and healthy work environment for all employees, subcontractors, and visitors. We believe that all injuries are preventable and that excellence in Health and Safety is the key to our long-term success. It is our goal to ensure each worker leaves at the end of the workday, as physically fit and sound as when they began. We would like all our subcontractors to share our goal of achieving zero accidents and incidents in the workplace.

All subcontractors are expected to conduct their business in a healthy and safe manner, so as not to put themselves, Arcadian Projects Inc., employees, customers, or the public at risk.

In order to maintain a high level of safety, all our subcontractors will be required to provide the following information:

1. Complete and return the "Subcontractor Questionnaire."
2. Provide the following "Subcontractor Documentation Request" information requested, including a current "WSIB Clearance Certificate," "Form 1000", "Certificate of Insurance" and more.
3. Complete and return of "Subcontractor Acknowledgement Form."

Also, the Subcontractor is required to call Arcadian Projects Inc.'s project manager or representative to arrange a site orientation 48 hours' prior to starting work.

A Healthy and Safe workplace is everyone's responsibility. Your active participation and support is vitally important to maintaining and improving health and safety in our workplace.

We at Arcadian Projects Inc. look forward to the receipt of your Health and Safety package and having your company available to perform work at our projects.

Sincerely,  
Todd Lorentz

Operations Manager

### SUBCONTRACTOR QUESTIONNAIRE

Please complete the following information below.

#### 1. Company Information

Company Name			
Telephone #		Fax #	
Street Address		City	Province
Postal Code			
Subcontractor Contact:	Name	Email	Phone
Primary Contact:			
Health & Safety Contact:			

#### 2. Health & Safety Representative

Onsite Representative			
Do you or will you provide onsite:			
• A Health & Safety Representative?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• A Health & Safety Consultant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Information:			
Name:		Email:	Phone:
Name:		Email:	Phone:

#### 3. Health & Safety Performance

WSIB Information:			
WSIB Account #:		WSIB Clearance certificate current? (expires after 3 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statistics from the last three years:	20__	20__	20__
• Number of First Aid Injuries			
• Number of Medical Aid Injuries			
• Number of Fatalities			
• Number of Loss Time Accidents (LT)			
• Number of days lost			
Offenses:			
Have you been cited, charged, or prosecuted for any Occupational Health and Safety non-compliance or Environmental offense in the last three years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details:			

**4. Health & Safety Program**

Does your company have a written Health & Safety Program?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does your Health and Safety Program include the following elements?					
Corporate Policy Statement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency Preparedness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roles & Responsibilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hazard Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard Assessment (applicable to scope of work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recordkeeping & Statistics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe Work Practices (applicable to scope of work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reference to Legislation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safe Work Procedures (applicable to scope of work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Occupational Health & Spill Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company Rules & Disciplinary Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Protection Equipment (PPE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	JHSC / H&S Rep	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preventative Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Workplace Violence & Harassment Policy Statement & Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training & Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Return to Work & Re-Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workplace Inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alcohol & Drugs Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Investigation & Reporting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Environmental Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COVID-19 Guideline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pandemic Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**5. Training and Orientation**

Training:		
Are training records maintained and available for review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHMIS completed and up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worker or Supervisor Awareness training completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working at Heights or Fall Protection completed and up to date (where required)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have supervisor(s) completed supervisory competency or basic of supervision training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees job skills certified, where required, by regulatory or industry standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are operator's licenses and/or certified to operate the equipment used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orientation		
Does your company conduct safety/job orientation for each newly hired or transferred employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. Inspections and Hazard Assessments**

Inspections:			
Do you conduct H&S workplace Inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency:
Do you hold safety talks/meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency:
Hazard Assessments:			

Does your company have a Hazard Assessment system in place for identifying and controlling workplace hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are hazard assessments completed prior to job start up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are daily hazard assessments, such as Field Level Risk Assessments (FLRA) or Pre-Start Inspections (PSI) completed prior to starting each task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**7. Equipment and Maintenance**

<b>Personal Protective Equipment (PPE):</b>		
Is available PPE provided for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a process in place that addresses the selection, use, care, and maintenance requirements for PPE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees provided instruction and training in the proper use and care of PPE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Equipment:</b>		
Do you conduct inspections on operating equipment (e.g., elevated work platforms, forklifts, cranes, etc.) in compliance with manufacturer and legislated requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you ensure operating equipment is maintained in accordance with manufacture and legislative requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**SUBCONTRACTOR DOCUMENTATION REQUEST**

Documentation Requirements

*The following documentation must be submitted prior to work commencing:*

a. Health and Safety Program and signed Policy Statement <ul style="list-style-type: none"> <li>• Current dated/signed by President of company</li> </ul>	Received: <input type="checkbox"/>
b. WSIB Clearance Certificate – current	Received: <input type="checkbox"/>
c. Certificate of Insurance <ul style="list-style-type: none"> <li>• Arcadian Projects Inc. as additional Insured</li> <li>• Provide General Liability and Auto Insurance in the value required under contract terms.</li> </ul>	Received: <input type="checkbox"/>
d. Form 1000 (Registration of Constructors and Employers Engage in Construction)	Received: <input type="checkbox"/>
e. SDS (Safety Data Sheets)	Received: <input type="checkbox"/>
f. Training Records/ Qualifications for supervisors and workers on site	Received: <input type="checkbox"/>
g. Job Safety Analysis or Safe Work Procedures (as required for scope of work)	Received: <input type="checkbox"/>
h. Fall Protection Plan and Fall Rescue Plan (if applicable to scope of work)	Received: <input type="checkbox"/>

The Subcontractor shall maintain copies of all documentation required to be kept on the work site, in accordance with applicable legislation, prior to the commencement of work.

**On Site Documentation Requirements**

The following documentation is required to be submitted while your work is in progress:

**Daily:**

- a) Pre-Start Tool / Equipment Inspection – required at the beginning of the shift and as work conditions change.
- b) Field Level Risk Assessments

**Weekly:**

- a) Toolbox Talks
- b) Safety Inspections
- c) Job Safety Analysis

**As Required:**

- Incident/accident Investigation Reports – must be reported verbally as soon as incident occurs. A written report is required within twenty-four (24) hours.
- Engineered Drawings – for fall protection systems, scaffolds, formwork or any other engineered structure, system, modification, or procedures as prescribed by legislation or as requested by Arcadian Projects Inc.
- Any Health and Safety documentation, as requested by ALLTRADE (i.e., job hazard assessments, safe work procedures, site specific plans, etc.)

**SUBCONTRACTOR HEALTH AND SAFETY ACKNOWLEDGEMENT FORM**

1. The Subcontractor has read and acknowledges the measures and procedures relating to Occupational Health and Safety as prescribed in the Occupational Health and Safety Act and its Regulation thereto, together with all other applicable legislation, regulations, and standards. The Subcontractor acknowledges and understands its duties as therein set out and hereby expressly undertakes and agrees to comply with all such requirements and standards in their entirety and at the Subcontractor's expense.
2. The Subcontractor further agrees to fully co-operate with all health and safety programs, rule and regulations, standards and criteria set or instituted by Arcadian Projects Inc., which agreement is in furtherance of the Subcontractor's duties and responsibilities under the Occupational Health and Safety Act.
3. The Subcontractor agrees that if, in the opinion of Arcadian Projects Inc., the health and safety of a worker is endangered or the effective operation of the system put in place to ensure the health and safety of workers on the job site is not being implemented by the Subcontractor, ALLTRADE may take such action as deems necessary and appropriate in the circumstances, including without limitation the following:
  - a. Arcadian Projects Inc. may require the Subcontractor to remedy the condition or situation.
  - b. Arcadian Projects Inc. may require that the work be shut down in whole or in part until such time as the condition or situation has been remedied.
  - c. Arcadian Projects Inc. may remedy the problem at its own expense and back charge the Subcontractor for the cost of such remedial work, together with an appropriate overhead factor as determined by Arcadian Projects Inc. in its sole discretion; and,
  - d. Arcadian Projects Inc. may terminate the Subcontractor without further liability in the event that the Subcontractor fails to comply with the provisions of the Agreement.
4. The Subcontractor hereby agrees that in the event of a partial or complete shutdown, a slowdown, or any other disruption in the work by reason of a failure on the part of the Subcontractor to comply with the terms of these provisions notwithstanding the termination of the Subcontractor's contract, if Arcadian Projects Inc. should decide to adopt that remedy, the Subcontractor shall be responsible for any and all loss or damage, both direct and consequential which Arcadian Projects may sustain.
5. Arcadian Projects Inc. shall be entitled to back charge the Subcontractor for any such loss or damage and to maintain an action against the Subcontractor for such amounts in which the subcontractor hereby undertakes and agrees to pay all legal fees, expenses and disbursements of a solicitor and his own client scale in addition to such amounts as Arcadian Projects Inc. may have incurred by reason of breach.
6. The Subcontractors agrees to show support for the spirit of the Health and Safety program instituted by Arcadian Projects Inc. by actively promoting the philosophy that all injuries are preventable and whenever there is a safety problem that it can be resolved through positive discussion and participation and a willingness to make changes for the betterment of the workers.

**Acknowledgement:**

I acknowledge the following information completed above is correct and accurate to the best of my knowledge. I understood the health and safety requirements that my company will need to fulfill in order to work on Arcadian Projects Inc. projects. As an authorized representative of my company, I acknowledge that my company employees will work in compliance with the Occupational Health and Safety Act, applicable safety regulations, and Arcadian Projects Inc.'s Health and Safety Program and Site Requirements.

**Subcontractor Acknowledgement:**

Subcontractor Company Name: \_\_\_\_\_

Subcontractor Representative Name: \_\_\_\_\_

Subcontractor Representative Signature: \_\_\_\_\_

Subcontractor Representative Phone #: \_\_\_\_\_

Date of Acknowledgement: \_\_\_\_\_

**Office Use Only:**

Reviewed By Name: \_\_\_\_\_

Reviewed By Signature: \_\_\_\_\_

Review Date: \_\_\_\_\_