



# CONTRACTOR & SUPPLIER SAFETY PROGRAM ANALYSIS

- |   |     |    |
|---|-----|----|
| 1) Does your company conduct work on a Seaview worksite?  | YES | NO |
| 2) Are you the sole employee of your company (no other staff)?  | YES | NO |
| 3) Does your company employ independent third party sub-contractors or consultants under your company name, at Seaview worksites? | YES | NO |

If you answered YES to Question 3 above, you must provide the relevant information for Questions 1, 2 and 3 for each sub-contractor, or consultant that does not fall under your insurance coverage and safety program.

### GENERAL INFORMATION

DATE: \_\_\_\_\_

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

Address: \_\_\_\_\_

Province of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Services provided to Seaview: \_\_\_\_\_

### INSURANCE

- |  |     |    |
|--|-----|----|
| A certificate of insurance provided                              | YES | NO |
| \$2 million commercial general liability insurance               | YES | NO |
| \$2 million third party automobile liability insurance           | YES | NO |
| \$5 million minimum aircraft liability insurance (if applicable) | YES | NO |

WCB Coverage Number: \_\_\_\_\_ Statement Date: \_\_\_\_\_

NOTE: If your company conducts work on a Seaview worksite, Seaview must be named as an additional insured, not a certificate holder, on all policies.

### SAFETY PROGRAM DETAILS

- |  |     |    |
|--|-----|----|
| Does your company have a Certificate of Recognition (COR/SECOR)? | YES | NO |
|--|-----|----|

If yes, please provide a copy of COR Certificate.

- |  |     |    |
|--|-----|----|
| Does your company have a written safety program? | YES | NO |
|--|-----|----|

If yes, please attach the Table of Contents.

- |  |     |    |
|--|-----|----|
| Does your company have/conduct hazard assessments? | YES | NO |
|--|-----|----|

If yes, please attach a copy of a typical hazard assessment.

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|--|-----|----|
| Does your company have safe work procedures? | YES | NO |
|--|-----|----|

If yes, please attach a copy of the Table of Contents.

I confirm I am providing proof of a valid Safety program that meets the OH&S regulations and the requirements shown in Industry Recommended Practices #9, Basic Safety program, and #16, Basic Safety Awareness Training.

Name: \_\_\_\_\_