

Please complete with Contractor after tender has been awarded and all necessary documentation has been submitted and received

Company Name:	Start Date:	Stop Date:
Job Location:	BMS Project Manager:	
Work Description:		

PART 1: CONFINED SPACE

Is confined space work anticipated? (if no, proceed to Part 2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copy of written Confined Space Entry Code of Practise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated working in the confined space	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of Emergency Response Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 2: LOCKOUT/TAGOUT

Is work requiring Lockout/Tag-out anticipated? (if no, proceed to Part 3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copy of written Lockout/Tag-out Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated performing lockout/tag-out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 3: ELEVATED WORK

Is work requiring an Elevated Work Platform anticipated? (if no, proceed to Part 4) – Specify type of Elevated Work Platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copy of written Program(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated using elevated work platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 4: FORKLIFT (POWERED INDUSTRIAL TRUCK)

Is work requiring a forklift anticipated? (if no, proceed to Part 5)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copy of written Forklift Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated using a forklift	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 5: RIGGING/CRANES

Is work requiring a crane or having any rigging requirements anticipated? (if no, proceed to Part 6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:	
Please attach the following:	Attached?			
Copy of written Rigging and Crane Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
List of competent personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Up-to-date inspections for crane, hoisting, and rigging equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3 rd Party Crane Inspection (required for all “critical lifts”)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lift Plan/Job Hazard Analysis (required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Licensed Engineer or Manufacturer’s certification for lifting beams and spreader bars	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Preventative Maintenance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Crane operator’s certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Will a work platform suspended from a crane be used for hoisting, lowering, and/or suspending personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
				Approved
				Denied
			HSEC or BMS Mgr.	
			Initials	

PART 6: HOT WORK

Project Manager –Pre-Job Checklist

Is Hot Work anticipated? (if no, proceed to Part 7)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copy of written Hot Work Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated doing hot work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the project require open flame work in an area with no sprinkler protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
PART 7: TRENCHING/EXCAVATIONS			
Is trenching/excavation work anticipated? (if no, proceed to Part 8)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Do you have an approved plan for disposal of all materials that cannot be returned to the trench/excavation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have appropriate materials for barricading or securing work area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:	Attached?		
Copy of written Trenching/Excavation Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of competent personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will the project require shoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
PART 8: ELECTRICAL/HIGH VOLTAGE			
Is electrical work anticipated? (if no, proceed to Part 9)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Do you anticipate any High Voltage work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:	Attached?		
Copy of written High Voltage Safety Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of written Electrical Safety Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of competent personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an electrical procedure for work around energized systems? (if no EQ site-specific procedure exists)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
PART 9: ARC FLASH			
Is work that has arc flash potential anticipated? (if no, proceed to Part 10)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Do you have a written Arc Flash Potential Procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have all materials required to safely perform arc flash potential work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:	Attached?		
Copy of Arc Flash Potential Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of competent personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the work require an Outage Approval? Required before heavy equipment that can reach arcing distance is to be brought within 50 ft. of high voltage lines, may be brought on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
PART 10: NOISE EXPOSURE			
Is work that generates high sound levels anticipated? (if no, proceed to Part 11)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copy of written Hearing Conservation Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated doing work generating high sound levels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PART 11: METERS & EQUIPMENT			
Is work that requires use of calibrated equipment anticipated? (if no, proceed to Part 12)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Can you prove that the equipment has been calibrated as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
PART 12: HAZARDOUS MATERIALS			
Is work that involves chemicals anticipated? (if no, proceed to Part 13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copies of MSDSs for any chemicals brought on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of written Hazard Communication Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Copy of written spill control procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copies of any required permits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Disposal location and approval numbers for disposal of waste on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of personnel anticipated doing work with chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

List trade names of hazardous materials which you or your subcontractors will be using on site. Attach additional pages if necessary.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PART 13: POWDER-ACTUATED TOOLS

Is the use of powder-actuated tools anticipated? (if no, proceed to Part 14)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copy of written program/procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Certification that the type and use of the tools are in accordance with applicable laws	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
List of all personnel anticipated operating powder-actuated tools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
Use of powder-actuated tools requires approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 14: ROADWAY WORK

Is work on or adjacent to public roadways anticipated? (if no, proceed to Part 15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specify Work Scope:
Please attach the following:	Attached?		
Copies of any permits required by local or federal law	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Verification of personnel training (copies of certificates, cards, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are traffic control provisions (signs, devices, barricades, arrow boards, flag persons) required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Approved _____ Denied _____ HSEC or BMS Mgr. Initials

PART 15: FIRE PREVENTION & PROTECTION

Is temporary heating equipment needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
Is the storage and/or use of flammable and combustible liquids anticipated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
Is the use of gasoline or diesel powered portable generators anticipated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials
Is the use of temporary fuel tanks (gasoline, diesel, fuel oil) anticipated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved _____ Denied _____ HSEC or BMS Mgr. Initials

PART 16: HAZARD ASSESSMENT

Are Hazard Assessments required to be completed by workers daily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is a pre-job/project Hazard Assessment required to be completed by workers/supervisor prior to job/project starting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please attach the following:	Attached?		
Blank company specific Hazard Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Blank pre-job company specific Hazard Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 17: OH&S RECORDKEEPING

Please attach the following:	Attached?		Specify Work Scope:
Total Recordable Injury (TRIR) Rate* for previous 3 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART 18: List any additional Health & Safety or Environmental concerns below:

I certify that the above responses are to the best of my knowledge, true, accurate and complete

Name (Print):

Title:

Signature:

Date:

Please ensure the following documents are submitted to Beaver Municipal Solutions prior to the scheduled orientation:

- Completed Contractor Pre-Job Checklist
- Completed Contractor Orientation Form from the Contractor Orientation Package
- WCB
- Insurance
- SOPs, SJPs, SWPs
- Task related procedures/policies
- Copies of any required: training records, equipment certifications, programs, codes of practice, etc. (as determined by the Contractor Pre-Job Checklist)
- A blank Hazard Assessment