

CONTRACTOR ORIENTATION FORM

To be completed in the presence of BMS Project Manager after awarded tender

Contractor: _____ **Date:** _____

Site name/location: **Beaver Regional Landfill, 50117 – Range Road 173 (Secondary Hwy. 854)**

Other location(s): _____

General Information:

Is the Contractor considered a Prime Contractor as per Alberta OH&S ([Section 3\(1\) OH&S](#))

Yes

No

If Yes: List names of Sub-contractor and vendor companies reporting to Prime Contractor including description of services offered.

Sub- Contractor/Vendor Name	Description of Service

Prime contractors are responsible for BMS orientations of all Sub-contractor and related vendor personnel.

All vehicles shall observe a maximum speed of 40km/h unless otherwise posted.

All vehicles shall obey traffic rules on site. All vehicles must come to a complete stop prior to proceeding onto the scale (stop signs are posted on both inbound and outbound scale).

Seatbelts must be worn at all times when inside your vehicle, including unloading.

The minimum PPE requirements for this site area:

CSA approved footwear

CSA approved head protection

Reflective vest

CSA approved eye protection

*FRC coveralls**

**As per hazard assessment*

I, _____ of _____ <div style="text-align: center; font-size: small;"> Name Company </div>	_____ Date: _____
Of the above named Prime contractor will abide by all BMS HSE requirements, be responsible for BMS orientation for all sub-contractor & vendor personnel, related to this contract, and the Prime Contractor requirements per Alberta OH&S code (Section 3(1) OH&S)	

INTERNAL CONTRACTOR ORIENTATION FORM

To be completed in the presence of BMS Project Manager after awarded tender

Additional PPE requirements for this project area:

- Smoking is permitted in the following area(s):

*Outside main office/shop, landfill shop and scale house in designated smoking areas only and all transfer stations. **Smoking in vehicles on site is not permitted.***

- Hygiene: washing or sanitizing hands prior to eating, drinking or smoking

- Toilets and washing facilities are located in the following area(s):

Main office/shop, landfill shop and scale house, and at all transfer stations

- Location of SDSs at this site:

Main office/shop, landfill shop and scale house

Any additional Hazard Communication Program Information (if necessary):

Emergency Information: In case of emergency, Contractor is to notify Scale Attendant on channel 1 on any two way radio, and project manager.

- Emergency procedures for this site are:

*Contractors must remain in their designated work area – do not enter other areas unless authorized by your primary contact. Contractors are required to carry a landfill radio. All employees must check in/out at the scale house. In the event of an emergency, proceed to assigned muster Point and remain there until authorized to leave or return to your work area. **See map.***

- Location(s) of:

- First-aid kit(s): Main office/shop, landfill shop, scale house, and all transfer stations.
- Eyewash(es)/ Shower(s): Main office/shop, landfill shop. Eyewash bottles are also located with every first aid kit on all sites.
- AED's can be found at landfill shop, mechanical parts room and training center.
- Assembly Area(s) or muster point(s): Outside main entry along Highway 854 (See attached map)

- Evacuation routes for the Contractor's work area include:

As per attached map

- The closest clinic to this site is (name, address, phone number)

Tofield Health Centre, 5543 – 44 Street, Tofield

Phone: 780.662.3263

- The closest hospital to this site is (name, address, phone number)

Tofield Health Centre, 5543 – 44 Street, Tofield

Phone: 780.662.3263

- Review of "Contractor Pre-Job Checklist" and any additional concerns:

INTERNAL CONTRACTOR ORIENTATION FORM

To be completed in the presence of BMS Project Manager after awarded tender

I hereby acknowledge that I am accepting all liability and all responsibility for any and all damage to the vehicle and trailer I am operating (while transporting waste) that may occur by having Beaver Municipal Solutions equipment assist me in:

- Towing of stuck vehicle
- Righting of rolled or tipped vehicle or one of its attachments (wagons, end-dumps, converter, pup, etc.)
- Towing of damaged or disabled vehicle
- Unloading of vehicle, trailer or one of its attachments

I understand that I am responsible for hooking up any towing, lifting, pulling or any other device required in assisting me. I must make the connection to my own vehicle or unit. I am responsible for guiding and assisting the operator during all processes.

Beaver Municipal Solutions assumes no liability or responsibility for any damage incurred. By signing below I am accepting all conditions of this waiver. (Continue on next page if necessary)

Driver's Name:	Driver's License Number:	Driver's Signature	Verified By:

All accidents (personal injury, property damage, spills/releases, etc.) shall be reported to the BMS representative or HSE Coordinator as soon as emergency conditions no longer exists. A written report by the Contractor is required within 24 hours of the event.

Project Manager: _____ **Phone number:** _____

HSE Coordinator: Shauna-Rae Swanson Cell: 780-953-2590 Office: 780-663-2038 ext. 119

Print Names of each employee oriented:

Signature of each employee oriented:

*Attach additional sheets, as required.

Trained by: _____

Date: _____

INTERNAL CONTRACTOR ORIENTATION FORM

To be completed in the presence of BMS Project Manager after awarded tender

