

Company/Farm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## COVID-19 EXPOSURE

1. Have you traveled outside the Canada within the past 14 days? If yes, complete the COVID-19 Screening Form. If no, answer the following questions.
2. Have you been in close contact, working or living with a known or suspect case of COVID-19?  YES  NO
3. Have you been in contact or staying with someone with symptoms?  YES  NO
4. Do you have symptoms of fever, cough or difficulty breathing that is not part of a pre-existing condition?  YES  NO

## INSURANCE AND WORKERS' COMPENSATION

*Note: There is a liability risk to the farm owner when using contractors with no liability or workers compensation insurance as well as if they have poor safety performance. Further evaluation may be required.*

1. Attach documents demonstrating coverage for damages to and incidents involving third parties, including general liability insurance, automotive, umbrella policies, etc.
2. Is your company in good standing under the Workers' Compensation Board  YES  NO  
  
If no, please explain
3. Attach clearance letters, letters of good standing, rate sheets or other documents demonstrating proof of good standing under Workers' Compensation.

## SAFETY PERFORMANCE

1. Has your company experienced a fatality or serious injury in the past three years?  YES  NO
2. Has your company received any OHS compliance orders, charges, convictions or fines in the past 3 years?  YES  NO If yes, please attach a note explaining the details, including current status or resolution.

## CONTRACTOR'S SAFETY PROGRAM

*Note: Contractors without a safety plan can be trained under the farm owners safety plan.*

1. Does your company have a written health and safety policy?  YES  NO
2. Does your company have written safe work practices and procedures, including clearly defined safety responsibilities for managers, supervisors and workers?  YES  NO
3. How do you communicate your safety policies?  
\_\_\_\_\_
4. Do you have an inspection program to evaluate workers health and safety on the job?  YES  NO If yes, who conducts the on-site inspections?  
\_\_\_\_\_
5. Are employees involved in the hazard assessment and risk evaluation process?  YES  NO
6. Do you have incident reporting procedures to include a standard incident report form?  YES  NO
7. Do you provide on-the-job training to all workers?  YES  NO
8. Do you provide health and safety training to employees such as first aid, WHMIS, equipment operation, fall protection, confined space, etc...?  YES  NO
9. Do you discipline workers for committing health and safety violations?  YES  NO
10. Do you have a health and safety committee or representative?  YES  NO If yes, who is the contact for the committee or representative?  
\_\_\_\_\_
11. Do you maintain tools, equipment and machinery that meets manufacturers specifications?  YES  NO
12. Do you use subcontractors to perform work?  YES  NO

Completed by: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature