



CITY OF SURREY

DESIGN & CONSTRUCTION SECTION

Designation of Contractor as Prime Contractor for City Project

City Information

Contract Number: _____

Description: _____

Contact Person: _____

Prime Contractor Information

Name of Prime Contractor: _____

Address: _____

Phone: _____

Employer Account Number: _____

Person in Charge of Project: _____

Person Responsible for Coordinating Health and Safety Activities: _____

Contractor's Declaration as per Workers' Compensation Act

I/we acknowledge, in accordance with the Workers' Compensation Act (RSBC 1996) Chapter 492, Part 3, Division 3, Section 118 and 119 that I/we are the "Prime Contractor" and are qualified to act as the "Prime Contractor". I/we accept the duties and responsibilities for coordination of health and safety in accordance with the Workers Compensation Act. And further that I/we will do everything that is reasonably practicable to establish and maintain a system or process that will insure compliance with the Workers Compensation Act and the Occupational Health and Safety Regulations.

Contractor's Representative

Date: _____

ENGINEERING DEPARTMENT - PROJECTS ie. CAPITAL PROJECTS
PRE-CONSTRUCTION CONTRACTOR SAFETY MEETING CHECKLIST

This Pre-Construction Checklist is to be used to facilitate communication of known site hazards to the contractors working with City of Surrey Engineering Department Projects

Address/Location of Project: _____ Date: _____

Description of Project: _____

Contract #: _____

City of Surrey Representative (Print Name): _____ Phone: _____

Contractor: _____ Phone: _____

Contractor Representative (Print Name): _____ Phone: _____

Contractor Safety Representative (Print Name): _____ Phone: _____

Has the Contractor been designated the Prime Contractor in writing for the purposes of the Workers Compensation Act? YES NO

KNOWN HAZARDS AT JOB SITE

CONTROL MEASURES IN PLACE

- | | |
|--|--|
| <input type="checkbox"/> Hazardous Materials (Asbestos, Lead...etc) | <input type="checkbox"/> Asbestos Identification & Management Plan |
| <input type="checkbox"/> Working at Heights | <input type="checkbox"/> Fall Protection Plan |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Lock Out Procedures |
| <input type="checkbox"/> Mobile & Heavy Equipment | <input type="checkbox"/> Hoisting Equipment Procedures |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Traffic Control Plan |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Confined Space Entry Plan |
| <input type="checkbox"/> Ground Disturbance (Underground Utilities –ie. Kinder Morgan | <input type="checkbox"/> Call Before you dig - BC One Call Ticket |
| <input type="checkbox"/> Overhead Utilities –ie. BC Hydro | <input type="checkbox"/> 30M33 Form –working near high voltage lines |
| <input type="checkbox"/> Other Hazards (list): IE. Overhead High Voltage Wires (30M33) _____ | |

DOCUMENTATION:

- WCB Notice of Project Permit requirement, gas, electrical, 30m33, BC ONE CALL, etc

Comments: _____

City of Surrey Representative Signature: _____

Contractor Representative Signature: _____

All safety related injuries or incidents that must be reported to WorkSafeBC must also be reported to the Project Coordinator/Supervisor and Occupational Health and Safety immediately -604-591-4131.