



## Confirmation of Prime Contractor's Main Responsibilities Under the Worksafe B.C. Occupational Health and Safety Regulations and *Worker's Compensation Act*

Name of Project:

Owner: Crown Owned

Contractor:

Consulting Engineer:

	YES	NO
1. The Contractor acknowledges appointment as Prime Contractor on the construction project noted below	<input type="checkbox"/>	<input type="checkbox"/>
2. The name of the Prime Contractor's Qualified Coordinator of occupational health and safety activities for this project has been submitted to the Owner and is as shown below.	<input type="checkbox"/>	<input type="checkbox"/>
3. The Prime Contractor understands that in any conflict of directions, WCB OH&S Regulations and/or the Worker's Compensation Act shall prevail.	<input type="checkbox"/>	<input type="checkbox"/>
4. The Prime Contractor understands and will direct that all supervisors/coordinators must immediately report any apparent conflict as described above.	<input type="checkbox"/>	<input type="checkbox"/>
5. The Prime Contractor agrees that their supervisor shall immediately notify the consulting Engineer's representative of any reported conflict.	<input type="checkbox"/>	<input type="checkbox"/>
6. The Prime Contractor has requested and received information from the Owner regarding any known hazards to the health and safety of persons pre-existing at the workplace.	<input type="checkbox"/>	<input type="checkbox"/>
7. The Prime Contractor has conducted an inspection of the workplace to verify the presence of any hazards.	<input type="checkbox"/>	<input type="checkbox"/>
8. The Prime Contractor will communicate hazards information to any persons who may be affected and ensure that appropriate measures are taken to effectively control or eliminate the hazards.	<input type="checkbox"/>	<input type="checkbox"/>
9. The Prime Contractor accepts that written documentation such as notes, records, inspections, meeting minutes, etc., on all health and safety issues must be available upon request to the PWGSC departmental representatives and/or to a WCB officer at the workplace.	<input type="checkbox"/>	<input type="checkbox"/>
10. The Prime Contractor will confirm that all workers are suitably trained and competent to perform the duties for which they have been assigned.	<input type="checkbox"/>	<input type="checkbox"/>
11. The Prime Contractor confirms that safety orientation of all new workers will be conducted.	<input type="checkbox"/>	<input type="checkbox"/>
12. The Prime Contractor's written Safety Program has been provided to the Owner's representative.	<input type="checkbox"/>	<input type="checkbox"/>
13. The Prime Contractor confirms that meetings to exchange information on any safety issues, concerns, hazards or safety directives will be conducted weekly or more often if required.	<input type="checkbox"/>	<input type="checkbox"/>
14. The Prime Contractor confirms that before the commencement of work, crews will attend a daily crew safety meeting.	<input type="checkbox"/>	<input type="checkbox"/>
15. The Prime Contractor confirms that their supervisor has assessed and will coordinate the workplace first-aid requirements	<input type="checkbox"/>	<input type="checkbox"/>
16. The Prime Contractor confirms that the procedure to transport injured workers is established	<input type="checkbox"/>	<input type="checkbox"/>

Prime Contractor Representative's

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

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Prime Contractor's OH&S Coordinator

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

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_