



## Contractor Authorization to Work Form

It is SaskPower policy that all contractors perform all work in accordance with all laws, regulations, bylaws, rules, and standards applicable to the performance of work on any SaskPower facilities and worksites.

Contractor Company Name:		Tele:	
Contractor Supervisor Name:		Cell:	
Contractor Address:			
SaskPower Worksite:			
Date:			
Period of Work	Start :	End :	

<b>SAFE WORK METHOD</b>				
<b>Work Description</b>	<b>Please indicate with a checkmark ( ✓ )</b>			
Working on roof		Painting		Window cleaning
Asbestos Work		Overhead Door Maintenance		Abrasive blasting
Mould Remediation		Working Outside Regular hours		Tree Felling/Pruning
Driving on SaskPower Property		Sub Contract Labour &/or Equipment		Working Alone
Operating Powered Mobile Equipment		Working on/near energized apparatus		Working by buried facilities
Welding		Abrasive cutting/coring		Hoisting or Lifting
Using Power Tools		Erecting scaffolding		Excavation or Trenching
Demolishing		Explosives		Using Chemicals
Working at Heights		Transporting Dangerous Goods		Confined Space
Hot Work		Plumbing / Heating / Mechanical		Noise / Vibration work
Electrical Work		Surveying		Vehicle Recovery
Working where public may be exposed		Other (specify):		

Do you have a safe work method(s) to undertake the work indicated above? *Please circle* **yes / no**  
 Have you been trained and are you competent in the safe work method(s)? *Please circle* **yes / no**

I ..... of ..... Declare that I/We  
 Contractor Representative - please print Contractor Company Name

- understand obligations under the Saskatchewan Occupational Health and Safety Act, 1993, and Saskatchewan Occupational Health and Safety Regulations, 1996, other applicable Provincial Regulations and applicable SaskPower OH&S policies and standards.
- have valid certification, qualifications and/or competencies required by Saskatchewan Provincial legislation.
- will cease working, make safe the workplace and contact the Contract Administrator if an incident has occurred or I become aware of a situation, that creates a danger to myself or others.
- (have / do not have) a current WCB account (or indicate if you do not know).
- have participated in a pre-job safety meeting, including a hazard & risk assessment and orientation, and agree to comply with SaskPower's safety rules any and special instructions.
- Report an incident that has caused injury or property damage to the contract administrator.

**Signed: Contractor Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY THE CONTRACT ADMIMISTRATOR**

I have assessed the level of risk, likelihood of that risk and the subsequent consequence of that risk and have designated the work to be: Level 1\_\_\_ Level 2\_\_\_ Level 3\_\_\_ Level 4\_\_\_

The contractor will be admitted to the SaskPower site to provide the contracted service. A pre-job safety meeting, including a hazard & risk assessment and orientation has been arranged before commencement of work in accordance with the Contractor Reference Chart.

**Signed: Contract Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

# Hazard and Risk Assessment Worksheet

Occupation or Title	Company	Reviewed By	
Assessment Date	Department	Review Date	Analyst
<b>Tasks</b>	<b>Hazard Exposure</b>	<b>Risk Rating</b>	<b>Controls</b>
List tasks normally done for work.	Consider health & safety risks and property damage (use P-E-M-E-P)	Consider likelihood & consequence. Find intersection on risk rating chart.	Identify controls in place. Consider effectiveness and sufficiency.

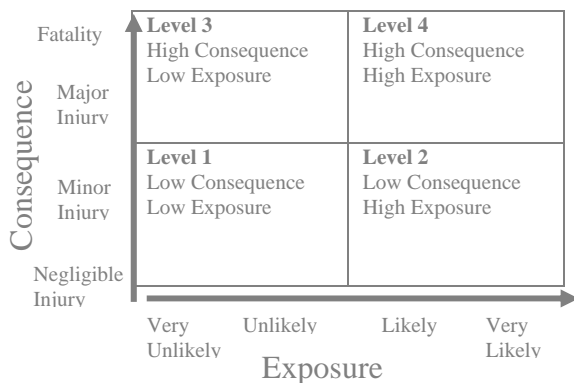
## SaskPower Hazard Classifications

Adverse Weather	Animals	Biological
Burns/Scalds	Chemicals	Fumes/dust/gas/mists
Asbestos	Radiation	Noise
Collision/Crashing	Traffic	Crushing/Pinch Points
Electrical	Mechanical	Fire/Explosion
Falls from heights	Slips/trips/falls	Sharp/protruding objects
Heat/Cold	Ergonomics	Human factor issues
Working Near Water	Struck by falling or flying objects	

## P-E-M-E-P

<b>People</b>	<b>Equipment</b>	<b>Material</b>	<b>Environment</b>	<b>Process</b>
Competence	Capabilities	Characteristics	Weather	State changes
Experience	State	Heavy/awkward	Confined space	Energized/de-energized
Training	Isolated	Asbestos	Noise	Moving/at rest
Distraction	De-energized	Snag/cut points	Lighting	Heating/cooling
Violence	LOTO	Conductive	Housekeeping	Opening/closing
Horse play	Maintenance		Bio hazards	Raising/lowering
Fatigue	Pinch points			Freezing/thawing
Stress	Collision with			Ascending/descending
Fitness	Struck by			Pressurized/de-pressurized
Impairment				
Situational Awareness				

## Hazard Risk Rating



Identify the intersection point between CONSEQUENCE and EXPOSURE / LIKELIHOOD to determine if the scope of work is Level 1 (low risk), Level 2 (medium risk), Level 3 (high risk) or Level 4 (major risk).

Exposure	Typical Exposure	Consequence	Injury Type
Very Likely	6 hr or more / Day	Fatality	Fatality
Very Likely	5 hr / Day	Major Injury	Disability
Very Likely	3.5 hr / Day	Major Injury	Broken Bone
Likely	1.5 hr / Day	Major Injury	Off Work 4 - 10 Work Days
Likely	5 hr / Week	Major Injury	Off Work 1 - 3 Days
Unlikely	2 hr / Week	Minor Injury	Minor injury
Unlikely	1 hr / Week	Negligible Injury	First Aid
Unlikely	2 hr / Month		
Unlikely	Once / Month		
Very Unlikely	Once / Year		