

Purpose

To strengthen our on-going commitment to safety, SaskPower is now requesting contractors to submit mitigation plans for the following:

1. Contractors that have a C grade with below average or unacceptable performance statistics in ISN.

Contractor Company is to complete and submit this form, along with additional safety measures found in bid package with all bids. Safety measure forms can also be found at www.saskpower.com/contractorsafety.
(Additional safety measures may be required post award while working for SaskPower)

Once these mitigation plans have been received, SaskPower’s Health and Safety department will review these plans and the Director of Health and Safety will approve or deny the plans.

Contractor Company:		Company Address:	
Contractor Contact:		Title:	
Telephone Number:		Email:	
Submit the Risk Mitigation Plan Components below prior to award (Forms can also be found on www.saskpower.com/contractorsafety)			
Sample of contractor’s Hazard Aspect/Risk Assessment Form		Health & Safety questionnaire - contractor’s safety statistics over three-year period (FORM C)	
Sample of contractor’s Site Inspection Form		Site Specific Safety Plan (FORM D)	
Site Supervision Plan (FORM B)			
SaskPower Use Only			
Contractors with a C Grade and have below average or unacceptable performance statistics in ISN			
Comments:			
Name:		SaskPower Director, Health and Safety	<input type="checkbox"/> Approved
Signature:		Date:	<input type="checkbox"/> Denied

Site Supervision Questionnaire

To be able to achieve safety success, Supervision plays an integral part in how the company will react to certain situations. This becomes very evident on the worksite(s).

This form is to be completed by the Project Manager or the Foreman/Crew Lead.

1. Describe what your company has committed to do to improve its safety performance over the next year?

2. Describe how your company will work to achieve no injuries while working on this project?

3. When companies “rush” to get work done, this can cause the quality of the work to be subpar and leads to incidents and injuries. Describe how your company will prevent “rushing” culture?

4. When your company starts to see a trend of incidents/injuries occurring on site, what happens next?

Please answer the following questions

Question	A	B	C
1. Our company is always aware of who is on our worksites	<input type="checkbox"/> Yes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Occasionally
2. Over the past three years, our company has never had a major incident	<input type="checkbox"/> True (please provide documentation to support this answer)	<input type="checkbox"/> Don't Know	<input type="checkbox"/> False
3. Our company assess' our subcontractor's competencies in health and safety and check for evidence before they get the job	<input type="checkbox"/> Always (please provide documentation to support this answer)	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes
4. Our company evaluates our subcontractors' procedures for health and safety to make sure they can fit in with ours	<input type="checkbox"/> Always (please provide documentation to support this answer)	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes
5. Our company assess' all hazards for each job we do	<input type="checkbox"/> Always (please provide documentation to support this answer)	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes
6. Our company informs all workers, subcontractors and visitors of the hazards on site and of our emergency procedures before they start	<input type="checkbox"/> Always (please provide documentation to support this answer)	<input type="checkbox"/> Usually	<input type="checkbox"/> Sometimes

7. Our company keeps track of our safety progress until the job finishes	<input type="checkbox"/> Always	<input type="checkbox"/> Usually	<input type="checkbox"/> Rarely
8. After the job, our company talks with our clients about the work, including health and safety.	<input type="checkbox"/> Yes (please provide documentation to support this answer)	<input type="checkbox"/> When possible	<input type="checkbox"/> No

Health and Safety Questionnaire

Please see following page for definitions

Health, Safety and Environmental Performance				
ITEM	CURRENT YEAR	3 PREVIOUS YEARS		
	20__	20__	20__	20__
Number of Fatalities (Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)				
Number of Lost Time Incidents (LTI) (Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)				
Number of Work Days Lost				
Number of Medical Aid Cases (MA)				
Number of Restricted Work Cases (RWC) (Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)				
Number of Restricted Work Days				
Number of First Aid Incidents				
Near Miss Reports				
Vehicle Incidents (VI)				
Total Kilometers Driven (Estimated)				
Non-compliance to legislation that is reportable to government (Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)				
Number contracts your company has worked for SaskPower				

NOTE: Each incident/case should be recorded in ONE CATEGORY ONLY, according to the highest severity level applicable. Ex. If a Medical Aid case becomes a Lost Time Incident, the case must be recorded as an LTI and removed from the MA category)

- PLEASE BLACK OUT NAMES WHEN ATTACHING ALL INCIDENT DETAILS**

DEFINITIONS

LTI (Lost Time Incident)

Any work-related injury that causes a worker to miss at least one day of work (not including the day the injury occurred).

Work Days Lost

Number of calendar days that employee missed work due to injury/occupational illness.

Medical Aid (MA)

Any work-related injury that involves neither lost workday nor restricted workday, but which requires treatment by a physician or other medical professional. Medical Aid does not include first aid treatment, even if treatment is provided by a physician or their registered professional medical personnel.

Restricted Work Cases (RWC)

Any work-related injury that causes a worker to be restricted to modified duties.

Restricted Work Days

Number of calendar days that employee is on a restricted working schedule due to modified duties.

First Aid (FA)

Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth, which do not ordinarily require medical care by physician. Such treatment and observation are considered first aid even if provided by a physician or another registered professional medical personnel.

Vehicle Incident (VI)

Work-related driving incidents which involve a worker-used vehicle on any roadway and which result in damages to the vehicle, excluding normal wear and tear.

Site Specific Safety Plan

The Contractor will provide SaskPower with a written Site-Specific Safety Plan using the attached **Site-Specific Safety Plan Form** that will document how the Contractor will address any anticipated and/or recognized hazards associated with their project/contract work. This is an important step in the communication process to promote open communication between the Service provider/Contractor and SaskPower.

General Information				
Project Name or Work Area:				
Summary of Work:				
Location:				
Work Plan				
Description of Work:				
SUB-CONTRACTOR MANAGEMENT PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A This section is required if using sub-contractors. Please fill out the Sub-Contractor checklist found on www.saskpower.com/contractorsafety				
Question	Yes	No	N/A	Contractor Response
Will your company hire sub-contractor(s)? If yes, please include the company names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a process to monitor and evaluate your sub-contractor(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please selected YES/NO/N/A to the following sections. If you select YES, please answer the following questions in each section.				
Prime Contractor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will any Standard Protection Code permits be required? If yes, who at your company can hold permits? Are they trained? Who is on the authorized list? When was their last skill check performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will Hot Work (welding/cutting/grinding/soldering/electrical) permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will you be using a Lock Out/Tag Out (LOTO) procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are LOTO procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a responsible person been assigned for overseeing LOTO requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WORK PERMITS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will any Standard Protection Code permits be required? If yes, who at your company can hold permits? Are they trained? Who is on the authorized list? When was their last skill check performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will Hot Work (welding/cutting/grinding/soldering/electrical) permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will you be using a Lock Out/Tag Out (LOTO) procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are LOTO procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a responsible person been assigned for overseeing LOTO requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FALL PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will fall protection be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a Fall Protection Rescue Plan been developed? Attach and describe plan. SK OHS Regulations Section 116	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are competent/qualified persons identified to perform system and equipment inspections, identify hazards, and anchor points as needed? SK OHS Regulations Sections 100-107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ROOF WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will roof access be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a plan to get materials on/off roof in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a method for securing materials to prevent "blow offs" been identified? SK OHS Regulations Section 119	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CRANES AND RIGGING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will crane operations be required? NOTE: If yes, must follow SaskPower Load Handling Policy. SK OHS Regulations PART XIII	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all overhead lines been identified and the locations appropriately communicated? What precautions will be taken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will any special lifting devices be needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will any Critical Lifts take place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has all rigging equipment been inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is all equipment appropriate for the task(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have all required safety inspections been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will traffic control be provided (pedestrian & vehicular)? Please attach Traffic Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CONFINED SPACE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will any confined space work be performed? Hazardous or Non-Hazardous **NOTE: Atmospheric testing must be conducted daily prior to entry into a Confined Space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will any Confined Space Entry permits be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have affected personnel been trained for confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will external rescue team services to be used? Please specify the name of the provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all entry procedures been provided and documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EXCAVATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will equipment to be brought on site? Please list all equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will any work activities involve excavations? Please explain what type of work will be done and provide plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will a trench box/shoring be needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does fencing/barricade need to be installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have locates been completed? If so, by whom and when?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIGNS, SIGNALS AND BARRICADES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Will yellow or red barricade tape be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will perimeter barricades be used? Please include Traffic Control Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will any caution/danger signs be needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will flammable gas/liquid labels be needed? Will material labels be needed? GHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CHEMICAL, BIOLOGICAL, MATERIAL PHYSICAL HAZARDS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
Question	Yes	No	N/A	Contractor Response
Are all employees trained in hazard communication / GHS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all MSDS/SDS provided to Contractor and a copy easy to obtain at job site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees trained to handle/use specific materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do demo/abatement plans meet applicable standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will any flammable gases and/or liquids be used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have provisions for their storage been made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERSONAL PROTECTIVE EQUIPMENT				
Question	Yes	No	N/A	Contractor Response
Does everyone have the correct PPE that will be used for this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does all PPE meet the SaskPower PPE standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will any special PPE be required, i.e. respirators? What type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all personnel received training for special PPE requirements? NOTE: Hi Vis clothing is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAUGHT-IN / STRUCK-BY HAZARDS				
Question	Yes	No	N/A	Contractor Response
Are employees familiar with pinching and crushing points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are special precautions taken when working around belts, pulleys, chains, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees aware of the hazards associated with overhead loads and swing radius?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all vehicles equipped with appropriate back-up alarms, horns and lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MOBILE EQUIPMENT				
Question	Yes	No	N/A	Contractor Response
Will any mobile powered equipment be required? Please list all equipment that will be brought onto site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will you be using any special attachments? ex. jibs, manlifts, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are operators trained / certified for operations of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EMERGENCY PREPAREDNESS				
Question	Yes	No	N/A	Contractor Response
Have the appropriate number of fire extinguishers been identified? Inspections will be performed monthly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have emergency phone numbers been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have adequate security measures been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an emergency evacuation plan been developed and tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INCIDENT/INVESTIGATION PROCESS				
Question	Yes	No	N/A	Contractor Response
Do you have an incident/investigation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all employees understand this process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all supervisors and upper management follow up on all corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SITE INSPECTIONS				
Question	Yes	No	N/A	Contractor Response
Do you have a process for conducting site inspections/work observations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all hazards on site get reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all supervisors and upper management follow up on all corrective actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENVIRONMENT PRACTICES				
Question	Yes	No	N/A	Contractor Response
Is there a spill plan in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is a special permit(s) needed? Please specify.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are your employees trained in Beneficial Management Practices (BMP's)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRAINING AND COMPETENCY				
Question	Yes	No	N/A	Contractor Response
Have all your employees been orientated to your company's policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all your supervisors have supervisory training? SK OHS Regulations Section 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OCCUPATIONAL HEALTH COMMITTEE				
Question	Yes	No	N/A	Contractor Response
Does your company have an Occupational Health Committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your OHC review incidents and investigations? If yes, how many times a year? If no, please provide reasons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the company implemented changes based on OHC recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/>	I have legal authority to contractually bind the company, Workers and Subcontractors.
<input type="checkbox"/>	As Contractor, we expressly agree to comply with requirements set out in this Mitigation Plan.
Contracting Company's Representative Name:	Signature:
<i>If SaskPower reasonably believes that the Contractor's or any Subcontractor's safety performance or application of the safety requirements is unsatisfactory, SaskPower may require the Contractor to make changes to its or any Subcontractor's organization at Site. If SaskPower reasonably believes that the Contractor, any Subcontractor, or anyone for whom any of them is responsible is contravening any safety-related Laws or SaskPower policy, then SaskPower may give the Contractor notice to take immediate corrective action. If the Contractor does not take immediate corrective action in accordance with the terms of the notice, SaskPower may direct the Contractor to stop all Work at the Site until the Contractor takes corrective action.</i>	