|  |  |
| --- | --- |
| **Prime contractor:** | |
| **Subcontractor:** | |
| **WorkSafeBC Account Number:** | |
| **Work Start Date:** | |
| **Anticipated Completion Date:** | |
| **Subcontractor On-site Supervisor:** | |
| **Subcontractor On-site Person Responsible for Safety:** | |
| **Check Once Reviewed** |  |
| Subcontractor will complete inspections of their own worksite and submit copies to the prime contractor |  |
| Prime contractor has reviewed on site safety expectations and orientated subcontractor |  |
| Prime contractor has reviewed site emergency procedures with subcontractor |  |
| Subcontractor will notify prime contractor of any activity that generates a hazard |  |
| Prime contractor will notify subcontractor of any site hazards |  |
| Prime contractor has reviewed first aid location |  |
| Prime contractor has reviewed who the first aid attendants are and how to contact them |  |
| Subcontractor has been notified of where the muster point is located |  |
| Subcontractor will report all incidents and submit copies of incident reports to the prime contractor |  |
| Subcontractor will submit copies of safety meetings and tailgate meetings to primer contractor |  |
| Subcontractor possesses all certifications required by law to complete the assigned job |  |
| Subcontractor will abide by all regional building codes while completing assigned job |  |
| Subcontractor will abide by all WorkSafeBC standards |  |
| **Work Site Information** | |
| First aid location: | |
| First aid attendants: | |
| First aid attendant contact information: | |

**Prime Contractor Representative: Subcontractor Representative: Date**