|  |  |  |  |  |
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| **Discussion with Contractor Supervisor or Coordinator** | | | | |
| **Date:** | **Meeting Location:** | | | |
| **Contractor:** | | | | |
| **Contractor**  **Representative:** | | **Job Title:** | | |
| **(Farm Owner/Company)**  **Representative:** | | **Job Title:** | | |
| **Contractor** | | | **Yes** | **No** |
| Acknowledges the appointment as Prime Contractor. | | |  |  |
| Understands that in any conflict of directions, the *WorkSafeBC OHS Regulation* and/or the *Workers' Compensation Act* shall prevail. | | |  |  |
| Understands and will direct that all supervisors/coordinators must immediately report any apparent conflict as described above. | | |  |  |
| Understands that the supervisor shall immediately notify the of any reported conflict. | | |  |  |
| Has requested and received information to eliminate or control hazards to the health and safety of persons at the workplace. | | |  |  |
| Has conducted an inspection of the workplace to verify the presence of any hazards. | | |  |  |
| Will communicate hazards to any persons who may be affected and ensure that appropriate measures are taken to effectively control or eliminate the hazards. | | |  |  |
| Accepts that written documentation (e.g. notes, records, inspections, meetings etc.) on all health and safety issues must be available at the workplace and provided to the and/or to a WorkSafeBC officer upon request. | | |  |  |
| Will confirm that all workers are suitably trained and competent to perform the duties for which they have been assigned. | | |  |  |
| Agrees that safety orientation of all new workers will be conducted. | | |  |  |
| Has provided a copy of his/her company’s written Safety Program. | | |  |  |
| Agrees that meetings to exchange any safety issues, concerns, hazards or safety directives will be conducted at least weekly (more often if required). | | |  |  |
| Agrees that, before the commencement of work, crews will attend a daily crew safety meeting. | | |  |  |
| Has assessed and will coordinate the first aid requirements. | | |  |  |
| Has established a transport of injured worker procedure (where required). | | |  |  |
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|  | | |  |  |

**Contractor Rep:**

**(Name) (Signature)**

**Farm Owner/**

**Company Rep:**

**(Name) (Signature)**

|  |  |
| --- | --- |
| **Workplace Query** | **Requirement** |
| **Have workplace hazards been identified?** | * All contractors must be made aware of any hazards and methods to eliminate them. |
| **Is this a multiple employer workplace?** | * Multiple employer workplaces are created when workers of 2 or more employers are working at the same location. * Short term visits by couriers, inspectors, suppliers etc. are not regarded as workers at the workplace. |
| **Is the contractor designated as prime contractor?** | * There must be a written agreement with the contractor. * There can only be one Prime Contractor at any one workplace. * Farm owner /company must ensure the prime Contractor coordinates all health and safety activities. |
| **Is the Farm Owner/Company the Prime contractor?** | * Farm owner /company is responsible for coordination of activities at the workplace, and for ensuring compliance with WorkSafeBC regulation. * Farm owner /company must obtain from each contractor the names of the persons designated to supervise the workers. |
| **Is this a construction workplace? (combined work force greater than 5)** | * The prime contractor must appoint a qualified coordinator. * The qualified coordinator must have the names of the supervisors and qualified persons responsible for health and safety activities. * There must be a drawing showing project layout, first aid locations, emergency transportation provisions and evacuation marshalling stations. * There must be a set of construction safety procedures. |
| **Are you hiring Farm labour contractors?** | * Ensure the Farm labour contractor is licensed by BC ‘s Ministry of Labour. |