



CANADIAN ASSOCIATION
OF PETROLEUM PRODUCERS

GUIDE

Contractor Health, Safety and Environment Contract Requirements and Preliminary Information Request

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Safety and Environment Pre-Qualification”

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The Canadian Association of Petroleum Producers (CAPP) represents 150 companies that explore for, develop and produce natural gas, natural gas liquids, crude oil, oil sands, and elemental sulphur throughout Canada. CAPP member companies produce more than 95 per cent of Canada's natural gas and crude oil. CAPP also has 130 associate members that provide a wide range of services that support the upstream crude oil and natural gas industry. Together, these members and associate members are an important part of a \$100-billion-a-year national industry that affects the livelihoods of more than half a million Canadians.

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Appendix A – Contractor Qualification Questionnaire

Appendix B – Contractor HSE Program Evaluation

1 Introduction

This Guide is provided as a means of encouraging standardization amongst CAPP companies in requesting preliminary Health, Safety and Environmental (HSE) information. It should be recognized by all parties that the information requested in the attached questionnaires is not exhaustive. The information provided from these questionnaires is intended to serve only as a baseline, and individual companies remain free to request additional information based on their company's needs and practices.

1.1 Objectives

To provide a consistent method of gathering information from contractors with the goal of ensuring HSE issues are addressed.

To give member companies guidelines for the creation of contract documents that ensure HSE issues and requirements are clearly communicated to the contractor.

2 The Contract Document

2.1 Introduction

HSE requirements should be contained in the bid documents. Following are some paragraphs that may be used as a guide in developing the contract document. A company should have its legal, health, safety and environment professionals review and update its HSE requirements to ensure there is compliance with current legislation. Additionally, company representatives should be available to answer questions for the contractor about the HSE programs and any HSE requirements contained in the bid documents or final contract.

2.2 Legislated Responsibilities of Contractors and Subcontractors

The legislated responsibilities summarized here are the minimum acceptable standard for any contractor HSE program:

Owner/Prime Contractor

The Member Company (Owner/Prime Contractor) has a responsibility to ensure, where reasonably possible, that every employer and every worker at the work site complies with all applicable legislation.

Contractor

The contractor has the responsibility to ensure the health and safety of all its contracted employees and subcontractors and ensure compliance with all applicable legislation, member company requirements and their own HSE program.

Subcontractors

Subcontractors have a responsibility for the health and safety of their employees and compliance with all applicable legislation, member company requirements and their own HSE program.

2.3 Standard Sections for a Typical Contract

General Requirements

The contractor shall take all necessary steps to protect all workers, employees and third parties from any injury or illness as a result of the work. All equipment provided by the contractor shall be maintained in good condition and shall meet all applicable legislation, regulations and company standards.

All work procedures shall be in accordance with company and legislated standards and only competent personnel will be permitted to work on the job site. The contractor shall provide all necessary personal protective equipment. The contractor shall cease all activities in the area of an identified health or safety problem until it is resolved. The contractor shall immediately remove from the site any employees of the contractor or its subcontractors who do not comply with the HSE requirements.

Contractor Health and Safety Management System

The Contractor shall provide documented evidence satisfactory to the Owner/Prime Contractor of its Health and Safety Management System and shall identify all applicable legislation and designate competent work site personnel to be responsible for compliance with the System and all legislated requirements.

Subcontractors

The contractor shall include all provisions of this contract relating to HSE in any agreement with a subcontractor. The contractor will be responsible for the subcontractor's HSE performance and incidents.

Workers' Compensation Board

The contractor shall provide documented evidence of an account in good standing with the Workers' Compensation Board of the applicable provincial jurisdiction prior to beginning the work, and shall maintain its account in good standing throughout the performance of the work. Additionally, the contractor shall ensure that its subcontractors comply with all applicable Workers' Compensation legislation and maintain their account in good standing.

Owner/Prime Contractor Responsibilities

The owner/prime contractor may perform any site inspections and audits as necessary to satisfy itself that all HSE requirements are being adhered to. The owner/prime contractor shall:

- stop the work if unsafe acts or conditions are observed;
- require the immediate removal or repair of any unsafe or defective equipment used in the performance of the work;
- require the removal of any personnel from the site who do not comply with the health and safety requirements.

Reporting Requirements

The contractor will promptly (within 24 hours) report to the owner/prime contractor and all applicable legislated authorities having jurisdiction, any accident or occurrence resulting in death, injury, illness, vehicle accidents, property damage or close calls to any of its employees, subcontractors or any other person as well as spills or contravention of environmental regulations, person arising from the contractor's execution of the work. The contractor will investigate such accidents or occurrences and prepare a written report giving a description of the incident, identifying the immediate and root causes and actions to be taken to prevent reoccurrence. A copy of this report is to be furnished to the owner/prime contractor in a timely manner. The contractor will provide copies of any regulatory HSE inspection and the resulting report or orders to the owner/prime contractor.

Site Health, Safety and Environment Responsibilities

The contractor shall identify to the owner/prime contractor, supervisory person who shall be responsible for HSE at the work site.

Pre-Job Meetings

The contractor and owner/prime contractor shall conduct a pre-job meeting where the specific HSE requirements shall be reviewed and agreed upon.

3 Questionnaire (Appendix A)

The Contractor Preliminary HSE Information Questionnaire is designed to assist member companies in evaluating the status of a contractor's Health and Safety Management System. Any item that garners attention should be used to open a dialogue between the contractor and the member company.

This document is to be completed by an individual who is familiar enough with the requirements of each section to provide guidance to contractors who require assistance in completing the form.

A copy of the contractor approval form should be sent to each contractor evaluated.

4 Contractor Health, Safety and Environment Management System Evaluation (Appendix B)

The program evaluation document is provided to assist member companies in evaluating contractors that do not have a formal evaluation system (COR, SECOR or Audit).

Individuals who have a broad understanding of the requirements and member company expectations should complete the evaluation.

Appendix A Contractor Preliminary HSE Information Questionnaire

CONTRACTOR HSE INFORMATION QUESTIONNAIRE

Completion of this Questionnaire does not automatically qualify a contractor company for work. The information provided from this Questionnaire is preliminary in nature and individual contracting companies remain free to request additional information based on their company's needs and practices.

Company Name: _____

Province(s) of Operation _____

HSE Contact Person _____

Phone Number _____

Services Provided
(Describe type of services the Company performs) _____

INSURANCE

Please attach proof of your total liability insurance. (i.e. Demonstrate that your company is sufficiently insured to cover damages to, or incidents involving, third parties. For example, coverage under general liability insurance, automotive insurance, umbrella policy or combinations thereof)

WORKERS COMPENSATION BOARD

Does your company have a WCB account in good standing for all jurisdictions in which your company performs work? **Yes** **No**

Please attach proof for all valid WCB accounts (e.g. clearance letter, letter of good standing, or rate sheet)

HEALTH, SAFETY, AND ENVIRONMENT PROGRAM INFORMATION

Does your company have a Certificate of Recognition (COR)? **Yes** **No**

If yes, please attach a copy of your COR

If no, does your company have a Health and Safety Management System or equivalent program? **Yes** **No**

If yes, what program or protocol do you use? _____

All Contractors without a COR or SECOR must also complete Appendix B Contractor HSE Management System Evaluation

Has your COR, SECOR, Health and Safety Management System or equivalent been audited? **Yes** **No**

Date of Last Audit _____

Audit Protocol Used _____

ENVIRONMENTAL PERFORMANCE

Does your company have an Environmental Management System? **Yes** **No**

Has your company been involved in any reportable spills or releases in the past three years? **Yes** **No**

If yes, please provide the following information – (if you answer yes to this question, you will be contacted for more information)

<u>Year</u>	<u># of Spills</u>	<u>Volume of Spills (m³)</u>	<u>Type(s) of Material</u>

Has your company received any environmental charges and/or fines within the last three years? **Yes** **No**

If yes, please attach details:

Administrative fines

Convictions

SAFETY PERFORMANCE

Please fill in the charts below for last year and the previous three years.

Hrs = Total hours worked

F = Fatalities

LTI = Lost time injuries – a worker misses at least one day of work due to a work related injury

LTF= Lost Time Frequency (Frequency = # of incidents x 200,000, divided by hours worked)

TR = Total Recordable (medical aid+restricted duty+LTI)

TRF = Total Recordable Frequency (Frequency = # of recordable incidents x 200,000, divided by hours worked)

VI – Vehicle Incidents (work-related incidents which involve a worker-used vehicle on any roadway and which result in damages excluding normal wear and tear)

Kms = Total Kilometers Driven

4.1 YOUR EMPLOYEES

<u>Year</u>	<u>Hrs</u>	<u>F</u>	<u>LTI</u>	<u>LTF</u>	<u>TR</u>	<u>TRF</u>	<u>VI</u>	<u>Kms</u>

4.2 SUB-CONTRACTORS (Combined Total)

<u>Year</u>	<u>Hrs</u>	<u>F</u>	<u>LTI</u>	<u>LTF</u>	<u>TR</u>	<u>TRF</u>	<u>VI</u>	<u>Kms</u>

REGULATORY COMPLIANCE

Has your company received any OH & S stop work orders and/or fines within the last three years? **Yes** **No**

If yes, please attach details:

Stop work orders

Administrative fines

Convictions

Are there any HSE-related judgments, claims or suits pending or outstanding against your company? **Yes** **No**

If yes, please attach details

WORKPLACE IMPAIRMENT

Does your company have a formal Drug and Alcohol Policy? **Yes** **No**

If yes, please attach.

Under what conditions do you carry out alcohol or drug testing? (I.e. post- incident? reasonable cause?)

Does your company have an Industrial Hygiene Program? **Yes** **No**

Does your company have a Fatigue Management Program? **Yes** **No**

Describe your fleet safety or journey management system. (Please enter N/A if your company has less than 10 vehicles)

Please provide any other information you feel would be useful

NEW WORKERS

Does your company have a program to provide training for new workers? **Yes** **No**

If yes,

Does it include a mentoring program? **Yes** **No**

Does it include supervisor training? **Yes** **No**

Comments:

REFERENCES

List the names of recent client organizations that you have worked for and who may be contacted for references for projects completed and work in progress for the intended crew.

1. _____
Organization _____
Contact Person

_____ _____
Location/Area of Work Telephone

2. _____
Organization _____
Contact Person

_____ _____
Location/Area of Work Telephone

3. _____
Organization _____
Contact Person

_____ _____
Location/Area of Work Telephone

4. _____
Organization _____
Contact Person

_____ _____
Location/Area of Work Telephone

CONTRACTOR APPROVAL

“ **Acceptable – meets current standards.**

“ **Conditional Acceptance – Requires additional action to allow on site.**

Recommendations:

“ **Rejected – does not meet standards, additional action is required prior to contractor being allowed on site.**

Recommendations:

Evaluated by: _____ **Date:** _____

Note: This page should be completed last, taking into consideration the program evaluation Appendix, if it is used.

Appendix B Contractor HSE Management System Evaluation

(This section must be completed by all Contractors who do not have a current valid COR/SECOR)

CONTRACTOR HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM
EVALUATION

(THIS SECTION MUST BE COMPLETED BY ALL CONTRACTORS
WHO DO NOT HAVE A CURRENT VALID COR/SECOR)

Company Name: _____

Address (Local): _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Office Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ e-mail _____

Operations Manager: _____

Contact Person for HS & E _____

Is this full time HSE position? Yes No

	Yes	No	n/a
MANAGEMENT COMMITMENT AND LEADERSHIP			
1) Do you have a written Health & Safety Policy Statement? Attach.			
2) Do you have clearly defined safety responsibilities for managers, supervisors and workers?			
3) Do managers/executives visit the worksite? How often? Provide details.			
4) Do you evaluate your safety program to ensure it is effective and that all areas for improvement are identified? How often? Provide details			
HAZARD IDENTIFICATION AND RISK ASSESSMENT			
5) Do you conduct on-site and equipment inspections? If yes, who conducts these inspections and what is the frequency?			
6) a) Do you have a near miss reporting program?			

	Yes	No	n/a
b) Do you have a hazard identification and assessment program? c) Do you have risk assessment procedures?			
7) Do you have a preventive maintenance program for tools and equipment?			
8) Are workers informed of the job/task specific hazards? How?			
RULES AND WORK PROCEDURES			
9) Do you have a document stating General Safety Standards and Guidelines?			
10) Do your workers have access to the OH&S Acts, Regulations and Codes?			
11) Do you have a disciplinary policy and procedure?			
12) Do you have specialized rules/practices in place for the following:			
a) Compressed Gas Handling			
b) Confined Space Entry			
c) Working at Heights			
d) Equipment Safety Devices			
e) Flammable Materials			
f) Materials Handling			
g) Hazardous Goods - WHMIS, Dangerous Goods, TDG			
h) Mineral Fibers			
i) Working Alone			
j) Workplace Violence			
k) Security			
l) Powerline Clearances			
m) Power Tools			
n) Respiratory Equipment - Respiratory Code of Practice			

	Yes	No	n/a
o) Working with H2S			
p) Ground disturbance and excavations			
13) List any other work procedures with specialized rules/practices in place for your services or business (Attach)			
14) Do you have standard work procedures in place for critical or potentially high hazard jobs?			
15) Do you have Personal Protective Equipment standards in place?			
16) Do you have Emergency Response Plans in place for your worksites?			
TRAINING AND MOTIVATION			
17) Do you provide HSE, technical and/or supervisory training to your company supervisors?			
18) Do you have a behaviour observation program?			
19) Do you provide HSE and/or technical training to your workers?			
20) Do you provide on-the-job training to all employees?			
21) Do you keep training records for your workers?			
22) a) Do you offer a "New Employee Orientation Program"?			
b) If so, is it aligned with IRP #16?			
If so does it cover the following:			
c) Safety Policies and Rules			
d) Safety Meetings			
e) Injury and Incident Reporting			
f) First Aid and CPR Procedures			
g) Housekeeping			
h) Drug and Alcohol Policy			
i) Working at heights, Fall Protection			
j) Fire Protection, Safety			
k) Safe Driving			
l) Toxic/Hazardous Substances			
m) Lockout/Tagout			

	Yes	No	n/a
n) Waste Minimization, Waste Handling			
o) Industrial Hygiene			
p) Emergency Equipment & Procedures			
Do you have a mentor program for new workers?			
Do you have a new employee or short service worker program?			
GROUP MEETINGS			
23) Do you hold regular safety meetings, pre-job meetings and/or tailgate meetings?			
24) Do you have Joint Health and Safety Committee meetings?			
25) Do you have a pre-job planning process (JSA, FLRA, on-job hazard assessment)?			
INVESTIGATION AND ANALYSIS			
26) Do you have an accident and incident reporting system in place?			
27) Do you have a procedure in place to investigate and follow-up on accidents and incidents?			
HEALTH AND ENVIRONMENTAL CONTROLS			
28) Do you have a waste management policy or program?			
29) Do you have a system in place to control hazardous materials that will be brought to, used on, and removed from the worksite?			
30) Are your company's work sites and procedures periodically audited by an accredited HSE auditor to measure the effectiveness of your HSE programs?			
SUBCONTRACTORS			
31) Do you have a program for managing subcontractors?			
GENERAL COMMENTS (new initiatives, awards, etc.)			
32) Provide details- attach			