



Subcontractors Safety Orientation

Date: _____
MM/DD/YY

Location: _____

- 12) **Fire extinguishers:** Must be available _____
- 13) **Emergency Numbers:** List of all Subcontractor employees on Lube X Site must be submitted to Superintendent or Safety Person. This list must contain emergency contact for each employee. And Police/Fire /Ambulance/Hospital _____
- 14) **Violence Policy:** Strictly adhered to, OH&S Act Regulations /Work safe B.C. codes. Anyone found in violation will be immediately removed from site. _____
- 15) **Working alone:** A hazard as per page 187 OH&S Act, unacceptable. Unless precaution 394(1) Page 187 adhered to and plan approved by Site Superintendent or Lube X . (plan must be in writing). _____
- 16) **Inspections:** Of all equipment and site conditions - daily requirement _____
- 17) **Subcontractors /employees:** Must sign in and out / On Lube X sign in/out Sheet (A Head Count At All Times) In Case Of EMEGENCES _____
- 18) **Scaffolding/Ladders:** Must comply, but not limited to, OH&S/ Worksafe B.C. _____
- 19) **Substance abuse:** It is the Subcontractors responsibility to monitor his employees. Substance abuse will not be tolerated. Those suspected under the influence (by Site Superintendent/Safety Person, or any persons) will be asked to leave site till situation cleared up. _____
- 20) **Chemical and Biological hazards and Harmful Substance:** OH&S Act Pages 96 and 97 must be complied to./ Worksafe B.C. _____

OH&S: The undersigned agrees to follow these forms and OH&S Act /Work Safe B.C. (if you do not Know seek advice from Superintendent on procedures.)

I the undersigned agree to meet all checked requirements and regulations.

_____	_____	_____
Subcontractor Supervisor (print)	Company (Print)	Signature

_____	_____	_____
Employee name (print)	Company (Print)	Signature

Site Superintendent
Thomas P Andres * _____

(*)this is the signature required to enter Lube X site MM/DD/YY

*If required use reverse side of page one and two for more employees.

Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

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Employee name (print)

Company (Print)

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Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

Signature

Employee name (print)

Company (Print)

Signature

Site Superintendent
Thomas P Andres

Signature (*)

* _____

MM/DD/YY

(*)this is the signature required to enter Lube X site