

**APPENDIX B - CONTRACTOR QUALIFICATION CHECKLIST**

<b>Contractor:</b>	<b>Contractor Contact Information:</b>
<b>Project Coordinator:</b>	<b>Date:</b>
<b>Brief Description of Project:</b>	

The Project Coordinator and the Contractor will discuss the items on the Contractor Qualification Checklist and sign-off before the project is started.

Requirements	YES	NO	Notes
<b>Received WSIB Clearance Certificate</b> No More than 90 Days Old			
<b>Received Liability Insurance Certificate</b>			
<b>Signed Contractor Health &amp; Safety Agreement</b>			
<b>Discussed Training Standards for the Job and Contract Employees meet Requirements</b>			
<b>Contractor has SDS on site for any WHMIS Controlled Products</b>			
<b>Discussion of Known Hazards in the Work Area</b>			
<b>Communicate Emergency Procedures</b>			
<b>Discuss Reporting Process for Workplace Incidents and Accidents</b>			
<b>Identify Personal Protective Equipment Requirements</b>			

**Municipality Project Coordinator Signature:** \_\_\_\_\_

**Contractor Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Once this document is completed, please attach it to the original contract and file appropriately*