

**PRE- CONTRACT REVIEW FORM**

Contract #: \_\_\_\_\_ Date: \_\_\_\_\_  
Forsite Employee Completing the Review: \_\_\_\_\_  
Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

WorksafeBC Account #: \_\_\_\_\_ Clearance Letter Attached:  Yes  No  
SAFE Companies Certified: Yes \_\_\_ No \_\_\_ If yes certificate #/Expiry Date: \_\_\_\_\_  
SAFE Companies registered:  Yes  No If yes - Date of Registration: \_\_\_\_\_

Prime Contractor Responsibilities Assigned:  Yes  No  
Contractor has an Acceptable Prime Contractor Procedure:  Yes  No  N/A  
Prime Contractor Responsibilities Outlined (Back of Form)  Yes  No  N/A

Forsite Safety Standard  
Contractor agrees to the following:

- Yes  No The contractor agrees to provide safety statistics on at least an annual basis.
- Yes  No The contractor agrees to a performance review.
- Yes  No The contractor agrees to continually improve health and safety performance and provide examples of continual improvement at performance reviews.
- Yes  No The contractor agrees to report all incidents and close calls to their Forsite supervisor / contact within 24 hours of occurrence.
- Yes  No The contractor agrees that contract activities can not be sub-contracted without Forsite’s explicit, written consent. Where permission is given the subcontractor must be SAFE Companies certified.
- Yes  No The contractor acknowledges there have been/will be no instances of knowingly allowing unsafe acts or conditions to occur at a worksite controlled/attended by the contractor.
- Yes  No The contractor agrees to provide adequate instruction, direction and supervision to any workers under the contractors control.
- Yes  No The contractor acknowledges that there have been no instances of failing to provide the minimum level of first aid services, supplies and equipment at a worksite controlled by the contractor.
- Yes  No The contractor acknowledges there have been no instances of knowingly allowing workers to become exposed to situations of a high risk of fatality, serious injury or illness. Where this may have become known the contractor acknowledges appropriate action will be taken to remove the workers from the hazard until appropriate controls can be implemented.

The contractor will complete all contract activities under **FORSITE’S**  **THEIR OWN**  safety program.

**Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Forsite Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_