



CONTRACTOR OH&S PROGRAM REVIEW

Contractor Company Name	Review Date (mm/dd/yyyy)	Review #
ACTION REQUIRED: <input type="checkbox"/> See comments below <input type="checkbox"/> Program is outdated <input type="checkbox"/> No forms have been included <input type="checkbox"/> Program to be resubmitted for review <input type="checkbox"/> No further action required		
RECOMMENDATIONS AS PER MINIMUM REQUIREMENTS		COMPLIANCE
1. Updated Signed OH&S Policy		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Workplace Hazard Assessment and Control		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Safe Job Procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Company Safety Rules		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Personal Protective Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Preventative Maintenance		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Training and Communication		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Inspections		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Investigations and Reporting		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Records & Statistics		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Joint Occupational Health and Safety Committee		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Specific Program (Fall Protection, ECP, WHMIS, Respiratory Program)		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Disciplinary Action Program		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:		
Reviewer	Reviewer Signature:	