



SUBCONTRACTOR AGREEMENT

All subcontractors working for **Jacobson & Greiner Group of Companies** will be provided with a copy of Jacobson & Greiner Group of Companies On-Site Safety Manual and will be required to sign an acknowledgment of receipt and understanding. It is every subcontractor's responsibility to perform all duties in compliance with **Jacobson & Greiner Group of Companies** safety procedures and Workplace Safety and Health Regulations. The subcontractor is responsible for the compliance of all workers for whom he is primarily responsible. Subcontractors are to ensure that all employees under their control have received adequate instruction and training to perform their jobs safely and all training must be recorded. All Improvement Orders or Stop Work Orders issued by Workplace Safety and Health inspectors must be reported to Jacobson & Greiner Group of Companies immediately and must be followed to completion.

Subcontractors must be prepared to follow all appropriate rules pertaining to work with Jacobson & Greiner Group of Companies. The responsibilities of the subcontractor include but are not limited to:

1. Posting a signed Safety and Health Policy on site.
2. Always maintaining and enforcing safety rules and regulations.
3. Familiarizing themselves with project safety requirements and hazards.
4. Including safety planning in all work done.
5. Carrying out discipline for any worker that repeatedly fails to obey safety rules and regulations in place.
6. Providing personal protective equipment to their employees and enforce its use.
7. Conducting regular toolbox meetings in accordance with WSH regulations.
8. Conducting safety inspections of the site on a regular basis.
9. Conducting daily Hazard Assessments
10. Conducting accident investigations and making recommendations to prevent a re-occurrence of the accident.
11. Co-operating with the safety representative to provide a safe working environment for everyone.

As required by the project management, subcontractors must provide evidence of the above activities and regularly report project safety performance including but not limited to injuries, incidents, and accident investigations.

I, _____, as a representative of
 _____, acknowledge that I have received, read and
 understand the contents for the Jacobson & Greiner Group of Companies On-Site Safety Manual.

For Jacobson & Greiner Group of Companies:

Print _____

Sign _____

Position _____

Date _____

For Subcontractor:

Signature _____

Position _____

Date _____

Contact Number _____



SUBCONTRACTOR INVOLVEMENT

Contractors are required to follow or implement the work practices and systems described below while performing work at Jacobson & Greiner Group of Companies worksites:

- **Monitor employees for onsite substance abuse and report non-conformities to J & G Homes Ltd., and Jacobson Commercial.**
- **Ensure personnel have the required training and competency for their work.**
- **Participate in Jacobson & Greiner Group of Companies tailgate safety meetings, job safety analysis or hazard assessment and on the job safety inspections.**
- **Perform a pre-job safety inspection that includes equipment.**
- **Participate in the FLHA hazard reporting system.**
- **Report all injuries, spills, property damage incidents and near misses.**
- **Comply with onsite and Owner Client safety rules.**
- **Implement Jacobson & Greiner Group of Companies safety practices and processes as applicable.**
- **Clean up and restore the worksite daily at minimum, and after the job is over.**
- **Always ensure compliance with regulations.**

I, _____, as a representative of

_____, acknowledge that I have received, read and understand the contents for the Jacobson & Greiner Group of Companies On-Site Safety Manual.

For Jacobson and Greiner Group:

Print: _____

Signature: _____

Position: _____

Date: _____

For Subcontractor:

Signature: _____

Position: _____

Date: _____

Contact Number: _____



SUBCONTRACTOR COMPLIANCE DECLARATION

With respect to the objects and purposes of ensuring, so far as reasonably practicable, that all construction and maintenance work undertaken by contracted parties of the Owner or Prime Contractor will be undertaken in a safe manner, the following declaration must be signed and submitted prior to start-up.

Submitted to: _____ Contact Name: _____
 Company Name: _____ Contact Number: _____
 Company Address: _____ Contact Email: _____
 _____ Company Fax: _____

Safety Program Information (CSAM, MHCA, etc.)

- Attach a copy of certificate and current Letter of Good Standing from most recent audit.

COR™/SECOR Certification# _____ Safety Program Registration# _____

WCB Information

- Attach a copy of current Clearance Letter.

WCB Company Name _____ WCB Account # _____

Insurance Information

- Attach a copy of current Certificate of Liability Insurance with Prime Contractor named as additionally insured.

I have read the information provided to me by the Owner or Prime Contractor respecting my company's safety and health requirement when working on their site. I will do everything reasonable and practicable to help ensure a safer job site.

- As required by all employers in the Province of Manitoba, I have obtained current copies of the Workplace Safety & Health Act and Regulation.
- As required by all employers in the Province of Manitoba, I will ensure workers are supervised by a competent supervisor, familiar with the WSH Act and Regulation.
- As required by all persons in the Province of Manitoba, I will share required information with the prime contractor, and those affected, necessary to identify and control both the existing and potential hazards.
- To the best of my knowledge, I and my company employees meet the minimum safety training requirements as outlined in Manitoba's Workplace Safety & Health Act & Regulations, and applicable Legislation.
- As required by the J&G Group of Companies, provide all Safety Program, WCB, and Insurance documentation and updates as requested.

For Jacobson & Greiner Group of Companies:

Print _____

Sign _____

Position _____

Date _____

For Subcontractor:

Signature _____

Position _____

Date _____

Contact Number: _____



SUBCONTRACTOR ORIENTATION & SIGN-OFF

The supervisor/management must receive this orientation and ensure themselves and all workers understand all elements listed below, check off each element, sign as orientator and/or supervisor, and have all employees sign-off on following page if applicable – check N/A box if company does not have employees other than sole proprietor.

Company: _____ Date: _____

Introduction

- Company commitment to Safety
- SECOR/COR Certification

Responsibility Onsite

- Prime Contractor
- Employer
- Supervisor
- Worker
- Supplier
- Worker Safety Representative
- Drugs and Alcohol

Emergency Planning

- First Aid
- Contacting Outside Agencies
- Transport to Medical Facilities
- Fire

PPE REQUIRED AT ALL TIMES

- Hard Hat
- CSA Approved Steel/Composite Toe Boots.
- High Vis Clothing

PPE REQUIRED as needed.

- Fall Protection

- Hearing Protection
- Safety Glasses
- Respirators

Safety Forms to be submitted Monthly

- Hazard Assessments – Daily
- Inspections – Weekly
- Toolbox talks – Bi-weekly.

Items to notify Prime Contractor of Immediately

- Incident or Accident
- STOP WORK ORDER (WSH Division)
- IMPROVEMENT ORDER (WSH Division)

Items attached:

- Safety Program Certificate & Letter of Good Standing N/A
- WCB Clearance Letter
- Certificate of Liability Insurance with Prime Contractor named as Additionally Insured.
- All employees signed off if applicable.
 - N/A - Company does not have employees other than sole proprietor.

Contractor Supervisor Signature:

Orientation Conducted By:

