



# ST. FRANCIS XAVIER --- UNIVERSITY

## **St. Francis Xavier University (StFX) Vendor Safety Package**

The safety information in this manual does not take precedence over provincial occupational health and safety legislation, or any manufacturer's specifications. All workplace parties shall know their responsibilities under the Nova Scotia Occupational Health and Safety Act.

# **StFX Vendor Safety Package**

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# Vendor Safety Package Transmittal

Vendor Company Name: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_

Title of Recipient: \_\_\_\_\_

Completed By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

StFX Authorized Representative: \_\_\_\_\_

## Vendor Safety Package

We have received a copy of the StFX Vendor Safety Package and understand the contents and requirements associated with this safety package and accept responsibility for the implementation of policies, procedures and documentation provided within, prior to commencement of work on property under the University's control. We hereby agree to indemnify and hold harmless the University and its employees, servants, directors, officers, agents, vendors or assigns from and against any and all claims, actions, causes of actions, loss, damage, expenses and costs whatsoever, arising out of or based upon any loss or damage or personal injury as a result of our failure to fulfill our obligations hereunder.

Vendors who are contracted to do work on our campus will complete a Vendor Safety Package, as it applies to the work they are doing. Please ensure all applicable sections are complete and all attachments are included in your submission.

The University employee responsible for the contracted work is hereinafter referred to as the StFX Authorized Representative.

To be completed by StFX:

Expiry Date: \_\_\_\_\_ Project: \_\_\_\_\_ (if applicable)

Signature of StFX OHS Officer: \_\_\_\_\_

## Acknowledgement

\_\_\_\_\_  
Authorized Vendor Representative (print)

\_\_\_\_\_  
Authorized Vendor Representative (sign)

\_\_\_\_\_  
Date

# StFX Vendor Safety Package Checklist

All Vendors must complete and return the following documents to the StFX Authorized Representative prior to performing any work on property under the University's control:

- ☐ **StFX Safety Package Transmittal:** completed, signed and dated.
- ☐ **Health & Safety Agreement:** signed and dated.
- ☐ **Health & Safety Rules:** signed and dated.
- ☐ **Four Safety Absolutes:** signed and dated.
- ☐ **Health & Safety Plan:** Health & Safety Plan complete with attachments noted in the Plan for the work being performed.
- ☐ **Workers' Compensation (WCB):** a copy of the Vendor's most recent WCB Clearance Letter.
- ☐ **Liability Insurance:** a copy of the Vendor's Certificate of Commercial General Insurance, with StFX included as a named insured, with standard minimum limits between \$2,000,000 and \$10,000,000.
- ☐ **Safety Certification:** a copy of the Vendor's *Nova Scotia WCB Safety Certified* Letter of Good Standing from an authorized provider.

| Acknowledgement                                                                                                           |                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Authorized Vendor Representative (print)</b> | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Authorized Vendor Representative (sign)</b> |
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>                                     |                                                                                                                          |

# Health & Safety Agreement

With the acceptance of a contract with St. Francis Xavier University (StFX), we accept the responsibilities for safety as outlined under the Nova Scotia Occupational Health and Safety (OH&S) Act and all the Regulations made pursuant to the Act.

**By signing below, we confirm the following will be in place for all work performed on StFX-owned property:**

1. We have read, understood, and will comply with the St. Francis Xavier University's Occupational Health & Safety (OH&S) Policy Statement and Health & Safety Rules
2. Our work complies with the Nova Scotia OH&S Act, and all applicable Regulations and/or the policies and procedures of StFX OH&S programs or the Vendor's own OH&S programs, whichever are more rigorous. StFX reserves the right to audit the Vendor program's requirements and may require proof of compliance upon request.
3. We have submitted a copy of the StFX Health & Safety Plan including all attachments required therein.
4. We are responsible for all sub-contractors' obligations within the Vendor Safety Package, when they are hired by us to work on StFX property.
5. All Vendor workers, including their subcontractor workers will conduct work in a safe manner and in accordance with this Vendor Safety Package.
6. A competent supervisor is provided who is authorized to make necessary decisions, take action and perform the required safety activities.
7. All Vendor workers receive a StFX Vendor Orientation (provided by StFX) prior to working on any property under the University's operational control. StFX Vendor Orientations can be scheduled through your StFX Authorized Representative.
8. All Vendor workers, including their sub-contractor workers receive a Vendor/Project Site Orientation (performed by Vendor, as required) prior to working on a project on any property under the University's operational control. Copies of Project Site Orientations will be kept onsite at all times, and copies will be made available to StFX upon request.
9. The actual and potential hazards associated with our work have been communicated to all of our workers, including sub-contractor workers.
10. Project hazard assessments will be performed, as required or requested by StFX, during the whole lifetime of a project to ensure sufficient controls are in place to eliminate or adequately mitigate hazards, ensuring worker and public safety.
11. Daily Field Level Risk Assessments (FLRAs) are conducted for every job/task. The findings of the daily FLRAs will be communicated to all Vendor and sub-contractor workers on the site.
12. Copies of all hazard assessments/FLRAs will be kept onsite at all time, and copies will be made available to StFX upon request.
13. Permission must be obtained from the StFX Authorized Representative prior to performing work involving Safety Absolute or Hot Work tasks.
14. All incidents that occur on StFX worksites are reported to the StFX Authorized Representative immediately and a copy of all accident/incident investigation reports are made available for review by the StFX Authorized Representative within 24 hours of the occurrence.
15. A Working Alone plan is in place to sufficiently protect workers who are working alone.

16. A sufficient number of trained first aid attendants are on the worksite as required under the Nova Scotia First Aid Regulations.
17. An adequate number/type of fire extinguishers, first aid kits, eyewash stations, and any other safety equipment required to complete all work safely are provided, inspected and maintained as per the Regulations and/or manufacturer's instructions.
18. Acceptable housekeeping and material organization will be maintained on the site.
19. A copy of SDSs for all controlled products used on site will be made readily available to all workers on the worksite. The StFX Authorized Representative may request to review an SDS at any time during the task/project.
20. Workers will only use tools/equipment that are in good working order with all guards in place and designed for use with no modifications.
21. The name of our safety representative is known to all workers.
22. Workers will cooperate as requested by StFX OH&S staff and Nova Scotia OH&S Division Inspectors.
23. Workers are competent to perform their assigned work.
24. Workers have WHMIS 2015 training and all other safety training required by the Nova Scotia OH&S Act and applicable Regulations. Copies of all applicable safety training records will be accessible on site at all times, and copies will be made available to StFX upon request.
25. Compulsory Certified Trades workers have all certifications required under the Nova Scotia Apprenticeship Trades Qualification Act and General Regulations. Copies of the certifications will be accessible on site at all times, and copies will be made available to StFX upon request.
26. We will seek confirmation from the StFX Authorized Representative about the known presence of asbestos containing material (ACM) and other hazardous materials in all work areas, and information about how to work safely in the area, taking into consideration the safety of all persons who could be affected by the hazardous materials.
27. Report any and all hazardous materials found on or worked with on the StFX site to the StFX Authorized Representative. These materials must be handled in compliance with applicable local, provincial and federal regulations.
28. StFX-owned equipment shall not be used, without the prior written consent from the StFX Director of Facilities Management or the Director of Risk Management.
29. In the case of projects that last more than seven (7) consecutive days, we will perform a written site inspection and do so weekly thereafter for the life of the project. Copies of the completed inspections will be accessible on site at all times, and copies will be made available to StFX upon request.

## Acknowledgement

\_\_\_\_\_  
**Authorized Vendor Representative (print)**

\_\_\_\_\_  
**Authorized Vendor Representative (sign)**

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

# Health & Safety Rules

Violations will be subject to appropriate corrective action, which may result in disciplinary action up to and including termination of employment or services contract. Under most circumstances, StFX uses a progressive disciplinary process. However, infractions or violations of a serious nature including some single acts of misconduct (zero tolerance activity) will be investigated and upon confirmation, instant termination or dismissal from University property could result. Terminable infractions, violations or acts may include, but not limited to the following:

- Violation of one or more of the four Safety Absolutes:
  1. Confined Space
  2. Fall Protection
  3. Energy Isolation
  4. Trenching & Excavation
- Failure to obtain permission from the StFX Authorized Representative prior to performing work involving a Safety Absolute or Hot Work.
- Any criminal or illegal activity on the worksite.
- Possession of firearms, unless allowed by the jurisdictional authority.
- Any physical fighting or other acts of workplace violence.
- Theft or attempted theft of property of any value.
- Vandalism.
- Smoking in non-designated areas.
- Bomb threats.
- Unauthorized access/modification to a red flagged area or red tagged scaffold.
- Failure to comply with the manufacturer's specifications on the use and maintenance of equipment.
- Tampering with first aid or fire prevention equipment.
- Operating equipment without proper authority or qualifications.
- Failure to utilize properly designated sanitary facilities.
- Failure to evacuate a building upon hearing a fire alarm or being directed by a University official.
- Harassment, Sexual Assault, Sexual Violence or Discrimination of any student, employee or visitor on University property.
- Any use of alcohol, non-prescription drugs or cannabis on the worksite, or coming to the worksite impaired by same.

Additional zero tolerance activities for each project may be identified to facilitate commitment to StFX's policies and goal for zero incidents. Where the violation does not involve a zero tolerance activity, the following are **guidelines** for disciplinary action resulting from health and safety infractions, violations and/or misconduct:

- On first offense, the vendor employee/worker receives a documented verbal warning.
- On second offense, the vendor employee/worker receives a written warning.
- On third offense, vendor employee/worker's employment may be terminated.

STFX RESERVES THE RIGHT TO REMOVE ANY VENDOR EMPLOYEE / WORKER / COMPANY FROM SITE AND PROHIBIT FURTHER ENTRY ON SITE BASED ON A SINGLE HEALTH/SAFETY INFRACTION, WITH OR WITHOUT PRIOR NOTICE.

The Vendor is responsible for the issuance of the disciplinary action to their employees.

The StFX Authorized Representative is responsible to document and maintain consistency in the disciplinary process.

Vendors and their sub-contractors must enforce their discipline policy as per their program or Union Agreement.

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Nothing in this policy nor any step taken by the University hereunder is intended to assume responsibilities from, or alleviate obligations of, or to be in lieu of the obligations of vendors, contractors or constructors for occupational health, safety or workplace or project hazards, as provided for under contract with the University or otherwise.

| Acknowledgement                                   |                                                  |
|---------------------------------------------------|--------------------------------------------------|
| _____<br>Authorized Vendor Representative (print) | _____<br>Authorized Vendor Representative (sign) |
| _____<br>Date                                     |                                                  |

# Four Safety Absolutes

The four Safety Absolutes are the safety rules that the University has determined to be of utmost priority. Failure to follow these rules may create a greater risk of injury to our employees, vendors, students, faculty and the public and may be subject to severe penalties. **Prior to performing work involving a Safety Absolute, permission must be obtained from the StFX Authorized Representative.**

***StFX Authorized Representatives must demonstrate zero-tolerance of any willful disregard of these Safety Absolutes by our employees or Vendors. Vendor employees, including their subcontractor employees who violate safety rules are subject to immediate disciplinary action including and up to immediate removal from the worksite.***

**Confined Space:** Enclose a copy of your site-specific confined space entry plan. Including but not limited to training, certification of; harness, respiratory protection, confined space entry procedure; training of person certifying the confined space, date and time tests were performed, type of work that can be performed and work that is explicitly banned, method by which the work is to be performed, expiry date and time of certification, record of all tests performed and results certifying the confined space at regular intervals and/or continuous basis, purging of confined space procedures, flammable and/or chemical substances safe work procedures, electrical shock prevention safe work procedures, safety watch, type of communications during confined space entry, confined space rescue procedure.

**Fall Protection:** When working at heights above 3m a fall protection plan is required. Enclose a copy of your site-specific fall protection plan including but not limited to; training, nature of the work to be performed, duration of work, description of work, tools and equipment, site-specific hazard assessment including weather, type of fall protection to be used, equipment inspection checklists, required PPE, procedures for the use of anchorages, guard rails, temporary flooring, scaffolding, raised platforms, ladders, mobile elevating work platforms, special assembly procedures, procedures in identifying and securing the worksite, types of barricades and monitoring of the worksite, site rescue plan.

**Energy Isolation:** The requirements for lockout/tagout applies to all machines, equipment, tools or electrical installations. Enclose a copy of your site-specific lockout/tagout plan, including responsibilities, training, lockout/tagout procedures including but not limited to; employees authorized to do lockout, how to bring a machine to zero energy, how and when to place lockout devices and lockout tags on the machine, how to verify lockout effectiveness and test for zero energy state, how to communicate to all persons that lockout has occurred, how persons are instructed to clear or be removed from the area before the machine is reenergized, what steps are taken to energize the machine after lockout.

**Trenching and Excavation:** Enclose a copy of your site-specific trenching and excavation plan, including responsibilities, training, trenching and excavating procedures including but not limited to; trench shoring, bracing, trenching cage, falling debris precautions, rock cut trench precautions, use of mobile crane beside trench precautions, trenching near a utility pole, building or other structure, what type of support and/or precautions are required, fencing/guards/barricades requirements, excavated material storage, access to trench; air testing, ladders, water removal, how is the area reclaimed for use.

## Acknowledgement

\_\_\_\_\_  
Authorized Vendor Representative (print)

\_\_\_\_\_  
Authorized Vendor Representative (sign)

\_\_\_\_\_  
Date

# Health & Safety Plan

|                             |           |              |
|-----------------------------|-----------|--------------|
| <b>A Vendor Information</b> |           |              |
| Company Name:               |           | Trade:       |
| Address:                    |           |              |
| City:                       | Province: | Postal Code: |
| Contact Person:             | Phone:    | Cell:        |
| Email:                      |           |              |

|                                      |           |
|--------------------------------------|-----------|
| <b>B Project/Service Information</b> |           |
| Worksite:                            | Location: |
| Contract Rep:                        | Cell:     |
| Safety Officer:                      | Cell:     |
| 24 HR Emergency Contact Name:        |           |
| 24 HR Emergency Contact Number:      |           |
| Scope of Work:                       |           |
| Prepared by:                         |           |
| Date:                                |           |

|                                                       |       |                                         |
|-------------------------------------------------------|-------|-----------------------------------------|
| <b>C Project Site Information (for projects only)</b> |       | <input type="checkbox"/> Not Applicable |
| Supervisor / Foreman:                                 | Cell: |                                         |
| Supervisor / Foreman:                                 | Cell: |                                         |
| Site Safety Representative:                           | Cell: |                                         |
| First Aid Personnel on Site:                          |       |                                         |
| 1.                                                    | 2.    |                                         |

|                                       |
|---------------------------------------|
| <b>D List of All Major Activities</b> |
|                                       |

|                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E OH&amp;S Policy / Program / Safe Work Practices / Job Procedures</b>                                                                                                                                                                                                         |
| <p>Enclose a copy of your Company's OH&amp;S Policy, your Safety Program's Table of Contents and all safe work practices and job procedures related to this work/project.</p> <p><input type="checkbox"/> Enclosed   <input type="checkbox"/> Not Applicable</p> <p>Comments:</p> |

|                                                                                                                                                                                                                                                                                                                       |                                              |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|
| <b>F</b>                                                                                                                                                                                                                                                                                                              | <b>Project Hazard Assessment/Safety Plan</b> | <input type="checkbox"/> <b>Not Applicable</b> |
| <p>Enclose a copy of your Project Hazard Assessment/Safety Plan. Include: actual and potential hazards, hazard sources, control measures, responsibility, implementation dates, priority ranking system, etc.</p> <p><input type="checkbox"/> Enclosed   <input type="checkbox"/> Not Applicable</p> <p>Comments:</p> |                                              |                                                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>G</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Emergency Response</b> |
| <p>Enclose a copy of your site-specific Emergency Response Plan (ERP). ERPs are required for all applicable scenarios: fire, medical, spill/leak/release of hazardous material, flood/water leak, unscheduled power outage, natural disaster, adverse weather conditions, and storms. Include: responsibilities, contact list, evacuation plan, nearest medical facility, site plot plan, location of first aid kit/fire ex/eye wash, assembly point, controlled product storage, identify first aid personnel, communication plan, etc.</p> <p><input type="checkbox"/> Enclosed   <input type="checkbox"/> Not Applicable</p> <p>Comments:</p> |                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>H</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Public Safety and Security</b> |
| <p>Enclose a copy of or describe below your site-specific Public Safety and Security Plan to ensure that any site hazards do not impact others such as University staff, students, faculty, etc. Hazards could include: noise, dust, fumes, falling objects, equipment, tools, traffic, pedestrian safety, etc. Include public/faculty/staff/student access, site fencing, gates, fire protection, theft/vandalism, signage, parking, after-hours activity, lighting, etc. Include a site-specific Traffic Control Plan, as necessary, according to the Nova Scotia Temporary Workplace Traffic Control requirements.</p> <p><input type="checkbox"/> Enclosed   <input type="checkbox"/> Not Applicable   <input type="checkbox"/> Described Below</p> <p>Site-Specific Public Safety and Security Plan:</p> |                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Environmental Action</b> |
| <p>Enclose a copy of or describe below your site-specific Environmental Action Plan. Include: responsibilities, training, consultants reports, permits/licenses, chemical products info, storage areas, waste management, asbestos management plan, decontamination facilities/areas, communication system, emergency plan, erosion/ sediment/runoff/seepage control, management of demolished debris/excavated material, vehicle fuel/oil spill, hazardous materials spill, incident reporting, inspections/audits, records management, etc.</p> <p><input type="checkbox"/> Enclosed   <input type="checkbox"/> Not Applicable   <input type="checkbox"/> Described Below</p> <p>Site-Specific Environmental Action Plan:</p> |                             |