

# Subcontractor Safety Checklist

## Contractor Requirements:

Assess whether a Subcontractor is a competent to perform the Work.

Submit the completed checklist together with a description of the portion(s) of the Scope of Work that will be subcontracted

To be completed for each proposed Subcontractor by the Contractor and submitted to the Company for review and approval.

In accordance with the Contract, the Company reserves the right to either accept or reject the use of a Subcontractor.

Contractor Information		
Contractor Legal Name:		
Mailing Address:	City and State/Province:	Zip/PC:
Phone:	ISN#:	Email:
Specify Relevant Project/Region:		
Subcontractor Information		
Subcontractor's Legal Name:		
Mailing Address:	City and State/Province:	Zip/PC:
Phone:	ISN#	
Subcontractor Contact Name:	Phone:	Email:
Scope of Work (outline scope to be performed):		
Subcontractor General Health & Safety Requirements		



	Current Year	Previous Year (Jan-Dec)	2 Years Prior	3 Years Prior
Subcontractor Exposure Hours				
Subcontractor TRIR/TRIF				
Number of Subcontractor Recordable Injuries				
Number of Subcontractor Fatalities				
Number of OSHA - OSH Citations (US/CAN), Related Stop Orders/Charges (CAN)				
		<b>Yes</b>	<b>No</b>	<b>N/A</b>
Has the Subcontractor been evaluated by a third party such as ISN, PICS Auditing etc.? If so, please identify which tool and identify their status/grade for other respective Hiring Clients. Attach screenshot(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Subcontractor been evaluated in accordance with the Contractor's Subcontractor Pre-qualification program submitted via ISNetworld?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Contractor reviewed to confirm the Subcontractor has a Basic Health & Safety Program and reviewed subcontractor training documentation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the Subcontractor provided proof of required insurance coverage per Enbridge's insurance requirements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Enbridge</b>				
<b>Subcontractor Accepted?</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>Date:</b>				
<b>Enbridge Representative Name:</b>				
<b>Enbridge Representative Signature:</b>				