

# PRE-WORK CONFERENCE CHECKLIST

## Natural Resource Ministries

***TAILOR THIS TO SUIT YOUR NEEDS***

**Conference Date:** \_\_\_\_\_

**Contract/Project #:** \_\_\_\_\_

**Contractor Legal Name:** \_\_\_\_\_

**Contractor Representative:** \_\_\_\_\_

**Ministry Representative:** \_\_\_\_\_

| ITEMS CHECKLIST                                                                                                                                                                                                                        | Yes                      | N/A                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>GENERAL</b>                                                                                                                                                                                                                         |                          |                          |
| Formalize responsibilities of the ministry representative and/or inspector who will administer the contract on behalf of the ministry.                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Formalize responsibilities of the contractor representative ( <i>note:</i> if this person is acting on behalf of the contractor at this conference, ensure you have a signed authorization letter to this effect from the contractor). | <input type="checkbox"/> | <input type="checkbox"/> |
| Confirm roles and responsibilities and names of contractor's team (key persons).                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Review communications plans.                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Review work plan/construction schedules (startup dates and priority) and deadline dates (i.e., milestone dates) and frequency and format of interim reports (list may be required).                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Confirm the number of workers, forepersons, equipment requirements, etc. to be employed to meet the minimum production rate or completion date(s). Who is safety coordinator for multiple employer workplace?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Confirm the subcontractors designated by the Contractor. NOTE: under Major Works Contract the subcontractors are those submitted as an attachment to the Contractor's tender form, and accepted by the Province at contract execution. | <input type="checkbox"/> | <input type="checkbox"/> |
| Where applicable, the work site should be toured to review work conditions, boundaries, access, or hazards.                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaffirm requirement not to begin work prior to the start-up date and, where applicable, not before receipt of a Notice to Commence Work.                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Review any permit requirements and whether the ministry or the contractor has the responsibility to obtain them.                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Confirm arrangements for the provision of any ministry supplied materials, services, or equipment (e.g., ministry supplied tree seedlings, culverts, etc.).                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Review the method of calculating payment, including any holdback provisions, and any charges or deductions that may result from non-compliance.                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of the inspection procedures (initial, progress, re-inspections, and final).                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of contract enforcement process, including progression to possible contract cancellation.                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Review the dispute resolution process as per the contract.                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Review provisions concerning disposition of securities.                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Where applicable, reaffirm the contractor is to notify the public of work affecting them directly (i.e., road work, etc.), and to try to minimize any inconvenience (may include advertising in the media, signage, etc.).             | <input type="checkbox"/> | <input type="checkbox"/> |

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| SAFETY REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |
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| <b>General</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |
| Confirm proof of WorkSafe coverage, including Personal Optional Protection as applicable.                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| If they will have access, control or use of personal information, their personnel must have taken Information Management 111 or IM500 course <b>prior to commencement of work</b> .                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Advise that the ministry cooperates with and the Employment Standards Branch to monitor compliance the <i>Employment Standards Act</i> .                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| For silviculture work, bring attention to the <u>Compliance with Employment Standards Inspection Form</u> (FS775a and FS775b).                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Advise that the ministry cooperates with WorkSafe to monitor compliance with safety and that all activities are to be conducted in a manner consistent with the Act and safe work practices. This includes assessment of first aid requirements and adequate equipment and resources; ensuring safe work conditions/procedures and personal protective equipment, procedures and communications in place for man check, signage, hazard awareness, etc.                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure Contractor is aware that any safety concerns that are within the control of the ministry should be brought to the attention of the Ministry Representative.                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Review the requirement for an emergency response plan to be in place.                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If contract is administered or >50% funded by BCTS, ensure contractors are aware of their responsibilities under the Safe Companies Program.                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure contractor is aware of November 1, 2015 compulsory registration with ICBC of all off road vehicles, requirement for safety gear and displaying license decal.                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure contractor is aware of their responsibilities for employee safety training, supervision, and reporting (bring attention to the Safety Conditions Schedule).                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure contractor meets the requirements for all safety equipment and emergency transportation.                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Discuss known safety hazards and the methods the contractor will use to deal with unsafe work conditions such as snags, hazardous areas, weather, or wild animal problems, etc., including new hazards since advertisement.                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Where applicable, a review of BCTS Environmental Management System (EMS) requirements (including the EMS schedules and completion of checklists).                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure the Contractor is aware, as per the <i>Wildfire Act</i> , that a person carrying out an industrial activity must “immediately carry out fire control and extinguish the fire, if practicable” on any fire within 1 km of their work site and the <i>Workers’ Compensation Act</i> states that any worker who may be called upon to fight a forest fire must receive firefighting training acceptable to the Workers Compensation Board and that training must be delivered on an annual basis. | <input type="checkbox"/> | <input type="checkbox"/> |
| Discuss Resource Road use expectations and protocols                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Notice of Project</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |
| Verify the contractor has submitted the appropriate Notice of Project to WSBC. These forms are obtained through WSBC.                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Multiple Employer Workplace (NOTE: Prime Contractor Agreement only executed where MEW exists)</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |
| Will Contractor or ministry create multiple employer workplace?                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure the Contractor is qualified and capable of being Prime Contractor                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Review contractual requirement and explain Prime Contractor functions to ensure the Contractor understands:                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |
| ○ their function as Prime Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ requirement to reviews other employers’ safety programs and practices to ensure conformance                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ requirement to cooperate with a designated Prime Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |

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| Ensure the Contractor Prime Contractor has adequate program procedures to discharge prime obligations                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Execute the Prime Contractor Agreement (NRS1354)                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| If this Contractor is not the Prime Contractor:                                                                                                                                                                                                                                         |                          |                          |
| ○ provide copy of the Prime Contractor Agreement inserting this Contractor as an Affected Party                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ update and distribute all other parties agreements                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure the Contractor is aware and understands their function as Prime Contractor if they choose to subcontract and a MEWP is created                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Review the Safety Conditions Schedule                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Hand Falling Operations</b>                                                                                                                                                                                                                                                          |                          |                          |
| Ensure the Contractor understands the need for and requirement to designate a qualified falling supervisor.                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Review the Hand Falling Supervisor qualifications (must know the hazards and the means to control the hazards and can instruct, direct and control workers, understands procedures and the documentation required in regards to manual tree falling operations).                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Review Faller certification/qualifications                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisor to ensure adequate Falling Plan prior to commencement of falling operations.                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure Contractor is aware that where there are suspected danger trees being considered for retention, a full assessment is required by a certified Wildlife/Danger Tree Assessor.                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Camp Standards</b>                                                                                                                                                                                                                                                                   |                          |                          |
| Highlight the requirement that <i>Employment Standards Act</i> and its Regulations and note that compliance is part of the contract;                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Where an industrial camp is for silviculture workers, advise that copies of the Silviculture Workers Fact Sheet must be posted at the camp and copies provided to all silviculture workers (link to the fact sheet is found in the Camp Standards Schedule.                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Advise that a copy of the Camp Standards Schedule must be permanently posted in a prominent place in the camp.                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Advise that 72 hour notification must be given to the ministry representative, WorkSafe BC, and the local Health Authority prior to any camp being established (links to Health and WorkSafe are found in the Camp Standards Schedule).                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure Contractor is aware of their requirement to review the camp standards and plans and proposed location to ensure that the site is suitable considering local site parameters, other resource users, tenure holders, downstream impacts, First Nation concerns, and other factors. | <input type="checkbox"/> | <input type="checkbox"/> |
| As per the Operational Services Contract, provide Contractor with written approval to establish a temporary camp.                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |

|                                                                               |                  |
|-------------------------------------------------------------------------------|------------------|
| <b>SIGNED by the Contractor or by its authorized Contract Representative:</b> |                  |
| <b>Name</b>                                                                   | <b>Signature</b> |
|                                                                               |                  |
| <b>SIGNED by the Ministry Representative:</b>                                 |                  |
| <b>Name</b>                                                                   | <b>Signature</b> |
|                                                                               |                  |