

CONTRACTED EMPLOYER AGREEMENT

POLICY OVERVIEW

All workers, while working at _____ [Farm Name] _____ must accept safety as a personal responsibility. Everyone is expected to develop and maintain a safe working environment by recognizing unsafe acts and unsafe conditions and taking the necessary corrective action. It is the responsibility of each worker to be aware of and follow all provincial laws dealing with occupational health and safety, at all times, and comply with the general intent of the laws as a minimum.

Workers' Primary Responsibilities:

- 1) ABILITY** Before proceeding with any task, employees shall satisfy themselves that they can perform the work without injury. If they are assigned work they feel unable to perform, they will alert the supervisor of the work to be done.
- 2) UNDERSTANDING** Before starting a job, employees shall thoroughly understand their role and the safety rules that apply to the task to be performed.
- 3) TAKING CHANCES** Under no circumstances shall safety be sacrificed for speed. Employees should not be pressured by lack of time, authority or any other reason. "Cut corners" are too often short-cuts to possible incidents, accidents and injuries. Workers shall be aware of changing conditions and always be careful to place themselves in a safe and secure position. Each worker is responsible for his/her own safety.

Contracted Employer Checklist

Use this checklist to ensure you have discussed key safety topics with your contracted employer. I have discussed and understand the following health and safety issues and will fulfill my responsibilities as a service provider to _____ [Farm Name] _____.

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| <input type="checkbox"/> Safety Orientation | <input type="checkbox"/> Incident Notification |
| <input type="checkbox"/> WCB coverage | <input type="checkbox"/> Lockout/Tagout |
| <input type="checkbox"/> Safety Responsibilities | <input type="checkbox"/> Housekeeping Expectations |
| <input type="checkbox"/> Site Specific Hazards | <input type="checkbox"/> Personal Protective Equipment Expectations |
| <input type="checkbox"/> First Aid Facilities | <input type="checkbox"/> General Safety Rules |
| <input type="checkbox"/> Communication Method | <input type="checkbox"/> Refusal of Unsafe Work |
| <input type="checkbox"/> Emergency Response Plan | |

 Name

 on behalf of (Service Provider)

 Date Completed