



**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Do you have a functioning Joint Health & Safety committee (JHSC) YES NO
- If yes, do you hold regular meetings for JHSC? YES NO
- Please provide below the name and contact number of the head of your JHSC. YES NO  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- Do you provide a copy of your Health & Safety policies and procedures to our personnel on site? YES NO
- Do you have emergency procedures in case of a fire or chemical spills? YES NO
- Is your company in compliance with Bill 168 (violence/harassment in the workplace?) YES NO
- Can Help Unlimited perform a workplace inspection at your facility? YES NO
- Will our personnel receive training for the job requirements they will be requested to perform? YES NO
- If yes, can you supply a copy to Help Unlimited once completed? YES NO
- Does the facility handle shop or store Hazardous Materials? YES NO  
If yes specify: \_\_\_\_\_
- Will our personnel require any Personal Protective Equipment? YES NO  
If yes specify: \_\_\_\_\_
- In case of an accident/injury to our employee, is there a clear policy in place to notify us? YES NO
- Do you provide a final report of accident or injury to Help Unlimited? YES NO
- Does your company support our Return to Work Program? YES NO

*An employee can only be requested to perform duties as discussed prior to arrival. Should the job duties change Help Unlimited must be notified prior to performing these duties.*

*I have read and understand this policy (print name):* \_\_\_\_\_