



CONTRACTOR COORDINATION PROGRAM PRIME CONTRACTOR DESIGNATION FORM

The following is a checklist that City of Port Coquitlam Policies, and applicable Acts, and Regulations require when a Prime Contractor has been designated. That is, the City of Port Coquitlam is the owner.

Project Title / Description: _____

File / Tender Reference #: _____

DEFINITIONS

Owner (City of Port Coquitlam) According to Workers Compensation Act (Part 3)
Prime Contractor Any contractor designated by the Owner to be the Prime Contractor on a project with respect to occupational health and safety ONLY

DESIGNATION AND RESPONSIBILITIES

By signing this agreement, the Contractor agrees to assume the responsibilities of **Prime Contractor** as outlined in the Worker's Compensation Act and Regulations.

- As a Contractor signing this agreement with the City, you are agreeing that your company, management staff, supervisory staff and workers will comply with WorkSafeBC Regulations Sections 20.2 and 20.3 as well as Sections 118 (1) and (2) of the Worker's Compensation Act.
- The Contractor shall have a safety program acceptable to WorkSafeBC, shall provide first aid services, and shall ensure that all WorkSafeBC safety rules and regulations are observed during performance of this Agreement.
- The Contractor shall ensure all workers are suitably trained and qualified to perform the duties for which they have been signed.
- If the Prime Contractor wishes to designate another firm as the Prime Contractor, the City shall be advised in writing of your intentions prior to the commencement of the new Prime Contractor designation. The new Prime Contractor must agree through signature to all the terms of this agreement.
- The Contractor shall identify and designate a qualified coordinator, who must coordinate health and safety activities in the workplace.
- The Contractor shall provide the City of Port Coquitlam with the Contractor's WorkSafeBC registration number and a letter from the WorkSafeBC confirming that the Contractor is registered in good standing with the WorkSafeBC and that all assessments have been paid to the date thereof prior to the City of Port Coquitlam having any obligations to pay monies under this Agreement

- The Contractor shall submit the Notice of Project to WorkSafeBC, where required on a construction workplace. See WorkSafeBC OHS Regulation 20.2 for the general requirements of a Notice of Project.
- On a construction workplace, these additional documents are required to be maintained and available by the Contractor:
 - Records of all orientation and regular safety meetings held between contractors and their workers
 - Written evidence of regular inspections in the workplace
 - Occupational first aid records
 - Worker training records
 - Current list of the name of a qualified person designated to be responsible
- Ensure that in the event of an accident, where there is a loss of life or where there is potential for an accident leading to loss of life, the City of Port Coquitlam is immediately advised forthwith of the details and any other information.
- Any failure to meet the safety requirements of the contract may be considered a breach of contract resulting in possible termination or suspension of the contract and/or any other actions deemed appropriate at the discretion of the City.
- Without limiting the generality of any other indemnities granted by the Contractor herein, the Contractor shall indemnify and save harmless City of Port Coquitlam, its elected and appointed officials, employees and agents from and against any loss or expense or penalty suffered or incurred by City of Port Coquitlam by reason of failure of the Contractor, its agents or employees, or any sub-contractors of the Contractor, its agents or employees to comply.

I, the undersigned, acknowledge having read and understand the information above.

By signing this agreement, I agree as a representative of the firm noted below, to assume responsibilities of the Prime Contractor for this project.

Prime Contractor Firm Name: _____

Prime Contractor Address: _____

Qualified Coordinator: _____

Prime Contractor Signature

City Contract Administrator Signature

Print Name

Print Name

Date

Date