



County of Northern Lights
#600, 7th Avenue NW, Box 10, Manning, AB T0H 2M0
Phone (780) 836-3348 Fax (780) 836-3663
e-mail address: info@countyofnorthernlights.com

PRIVATELY-OWNED EQUIPMENT REGISTRATION

Owner/Company: _____

Land Location: _____

Mailing Address: _____

Contact Name(s): _____

Telephone: _____

Fax: _____ Cell: _____

Email : _____

Description	Make	Model	Year	Serial #	Attach Type	Rate

Please provide a copy of the following information:

- Insurance Agent: _____ Policy #: _____
- Workers Compensation Number, # _____
- GST # _____
- CVIP
- SECOR/ COR Certification if applicable

I hereby certify that the information provided in this document is true and correct to the best of my knowledge. I/We hereby agree to the following:

- Payment for services rendered will be as per rate listed on this form, or the most recent written price change provided to the County of Northern Lights. If at the time of invoicing it is determined WCB is invalid, the County will withhold payment until proof of valid WCB is received.
- I/we hereby acknowledge the receipt of the County of Northern Lights General Safety Policy, Incident/Accident Report Form, Near Miss Report Form, Field Level Hazard Assessment, and agree to comply with all safety policies and procedures of the County of Northern Lights.
- I/we hereby acknowledge that all applicable associated safety forms will be submitted upon submission of invoices. Failure to comply will result in not being considered for future opportunities.**

Owner's Signature: _____ Date: _____

This information is being collected in accordance with section 32© of the Freedom of Information and Protection of Privacy Act and is being collected for the purpose of ensuring appropriate equipment is hired specific in the requirements of the job as well as for determining a rate of payment for such equipment. Our Freedom of Information and Privacy Act Coordinator is available to answer any questions you may have pertaining to the collection and use of the information herein and may be contacted at 836-3348. **The company shall ensure that prices provided are final and include drivers, swampers, permits, etc.**

COMMENCED PRIVATE EQUIPMENT - CONDITIONS

- 1) The Owner shall supply the listed equipment in good working condition, along with competent operators.
- 2) Rates include operator's wages, Worker's Compensation coverage, fuel, oil, repairs, servicing, cleaning and other costs associated with owning and operating equipment. **The County is not responsible for the costs of pickups, mileage when travelling to and from job sites, or for fuel delivery.**
- 3) The Owner is responsible for all costs associated with mobilization, demobilization and repairing of the equipment including any moving costs incurred from the work site to the repair facilities chosen by the Owner.
- 4) The County, in the absence of its negligence, is not responsible for any loss or damage to any of the owners equipment.
- 5) Owner shall ensure the listed equipment meets all safety regulations under the Occupational Health and Safety Act and Highway Transport Act.
- 6) All work shall be done in accordance with County Policy and any applicable sections of the latest edition Alberta Transportation and Economic Corridors Standards, Specifications for Highway Construction or as directed.
- 7) Owner must carry comprehensive general liability insurance against bodily injury and property damage claims. Coverage must include liabilities assumed under written contract.
- 8) Owner agrees to indemnify and hold harmless the County of Northern Lights, its employees, and agents from any and all claims and demands arising out of owner's performance of this Agreement.
- 9) The County shall have the right to terminate the owner's registration with the County at any time, without penalty, if these conditions are not adhered to.
- 10) The County shall have 30 days from date of receipt of invoices within which to submit payment.
- 11) This is to certify that the goods/services being purchased by the County are subject to the goods and services tax.
- 12) The County will not accept any Commenced Equipment lists that do not have rates or where the term "Current Roadbuilder Rates" is written in.
- 13) The County will not accept registrations from owners that are not in good standing with the County's Contractor Performance Evaluation Program, owes the County more than \$50, or currently in litigation with the County.

GENERAL SAFETY POLICY

Subject: Health and Safety

Ref: Personnel

Code: 18

Date Approved: January 26, 2021

Motion No: 035/26/01/21

Replaces: 1284/22/03/16

The purpose of this statement is to show that the County of Northern Lights, through its Senior Leadership, is committed to providing and maintaining a workspace where the health and safety of employees is a priority.

Employees at every level are responsible and accountable for the County's health and safety performance. Active participation by everyone, every day, in every job is necessary for the safety excellence this County expects.

Signed: _____
Chief Elected Official



Signed: _____
Chief Administrative Officer



PROCEDURE:

Everyone involved with any aspect of the County's business has a part to play.

Senior Leadership will:

- set an example and provide leadership in the Health and Safety program
- ensure the appropriate resources are available, such as proper training and equipment
- promote a culture of continual improvement, focused on being proactive
- Managers, Supervisors, and other frontline roles that direct the actions of employees will:
- ensure workers are trained and aware of how to perform their jobs safely
- provide oversight of the implementation of the Health and Safety program

Health and Safety Committees and Safety Representatives at each site will:

- lead the administration of the Health and Safety program
- promote and encourage all aspects of the Health and Safety program

Workers:

- are responsible for following all procedures
- will work with an awareness of health and safety
- will cooperate in continually improving health and safety conditions within the County

Contractors will:

- follow all applicable legislation as a minimum; and
- ensure that their health and safety programs meet the requirements of the County
- report any safety concerns or issues to the County

Employees at every level must be familiar with, and comply with, the requirements of all Alberta Occupational Health and Safety legislation as it relates to their work processes. Employees are also expected to comply with all of the County's own health and safety procedures and standards, including the requirements to report all incidents.

Our goal is a healthy, injury free workplace for all employees. By working together in all parts of this program, we can achieve this goal.

HS001-1

Health and Safety Policy Statement

The purpose of this statement is to show that the County of Northern Lights, through its Senior Leadership, is committed to providing and maintaining a workspace where the health and safety of employees is a priority.

Employees at every level are responsible and accountable for the County's health and safety performance. Active participation by everyone, every day, in every job is necessary for the safety excellence this County expects.

Everyone involved with any aspect of the County's business has a part to play.

Senior Leadership will:

- set an example and provide leadership in the Health and Safety program
- ensure the appropriate resources are available, such as proper training and equipment
- promote a culture of continual improvement, focused on being proactive
- Managers, Supervisors, and other frontline roles that direct the actions of employees will:
- ensure workers are trained and aware of how to perform their jobs safely
- provide oversight of the implementation of the Health and Safety program

Health and Safety Committees and Safety Representatives at each site will:

- lead the administration of the Health and Safety program
- promote and encourage all aspects of the Health and Safety program

Workers:

- are responsible for following all procedures
- will work with an awareness of health and safety
- will cooperate in continually improving health and safety conditions within the County

Contractors will:

- follow all applicable legislation as a minimum; and
- ensure that their health and safety programs meet the requirements of the County
- report any safety concerns or issues to the County

Employees at every level must be familiar with, and comply with, the requirements of all Alberta Occupational Health and Safety legislation as it relates to their work processes. Employees are also expected to comply with all of the County's own health and safety procedures and standards, including the requirements to report all incidents.

Our goal is a healthy, injury free workplace for all employees. By working together in all parts of this program, we can achieve this goal.



Chief Elected Official



Chief Administrative Officer

January 26, 2021

DATED



Field Level Hazard Assessment

County of Northern Lights
Commenced Equipment Operators

Work to be done: _____ Date: _____

Task Location: _____ Meeting Location: _____

Identify the tasks and hazards below, and the plans to eliminate/ control those hazards.

Tasks (List all tasks & activities)	Hazards (List both health and safety hazards, and consider surrounding area)	Plans to Eliminate or Control (List the controls for each hazard: Substitution, Engineering, Administrative, PPE)

Please print & sign below (**all members of the crew**) prior to commencing work.

By signing this form, you acknowledge that you understand the hazards and how to apply the methods to eliminate or control the hazards.

Worker's Name (Print)	Signature	Worker's Name (Print)	Signature

Company Name: _____ Site Supervisor Signature: _____

Site Supervisor Name: _____



Incident/Accident Report Form

HS007-1B

Incident or Accident is an undesirable or unfortunate happening that occurs unintentionally and usually results in harm, injury, damage, or loss. – Use this Incident/Accident Report Form

Near Miss is an unplanned event that did not result in injury, illness or damage – but had the potential to do so. – Use the Near Miss Form

This report shall to be **completed** and distributed to: Safety Coordinator, Director of Public Works, Director of Corporate Services, and CAO **WITHIN 8 HOURS of the incident.**
(All Highlighted areas Must Be Completed As Applicable) Check the N/A if block does not apply.

Date of Incident/Accident	Yr/ Mo/ Day	Time	<input type="checkbox"/> am <input type="checkbox"/> pm	Estimated Cost ↓↓↓	Admin Use Only Report Tracking Number ↓↓↓↓	
Date Reported:	Yr/ Mo/ Day	Time	<input type="checkbox"/> am <input type="checkbox"/> pm	\$ (If possible)	# (Safety Coordinator fills in here)	
Department:	Incident Location:					
Severity	Minor	Serious	Major	# of hours worked prior to the incident:	# of continuous days worked prior to the incident:	
Actual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of years working for the County:		
Name of Injured (if applicable)						
(if no injury check N/A)	N/A <input type="checkbox"/> If injured has a WCB form been completed <input type="checkbox"/>					
Person Involved (fill this area even if there were no injuries)	Last Name	First Name	Position			
Supervisor Of Person Involved (fill this area even if there were no injuries)	Last Name	First Name	Position			
Injury Details (if applicable)	Body part injured (hand, back, eye, lungs etc.)		Was Medical Aid needed	Type of Injury (sprain, strain, cut, bruise etc.)		
	N/A <input type="checkbox"/>		<input type="checkbox"/>			
	Please Check what may apply to this incident:					
	01–Struck by or against <input type="checkbox"/>		03-Exposed to... <input type="checkbox"/>	04-Slip <input type="checkbox"/>		
	05-Trip <input type="checkbox"/>		06- Fall <input type="checkbox"/>	08-Over exertion <input type="checkbox"/>		
09-Foreign body or object <input type="checkbox"/>						
99-Other – Explain:						

Other Party "3rd Parties" Vehicle(s), Equipment(s) or Property(ies) Description:

Other Party's Driver's License No. of Person involved (if vehicle or equipment was involved)	N/A <input type="checkbox"/> (If no Other Party involved check N/A)	Province of the License	Vehicle or Equipment Make	Year	Licence Plate # and VIN#
		and Model	Other Party Unit #	Vehicle or Equipment colour	
Other Party's Name of Driver: N/A <input type="checkbox"/>		Other Party Driver's Home Address:			
Other Party Driver's Work Phone #		Other Party Driver's Home Phone #			
Other Party's Insurance Company Name:		Other Party's Insurance Policy #			
Name of Passenger(s) in Other Party's Vehicle	N/A <input type="checkbox"/>				
Was the Passenger(s) Injured	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes; Description of passenger(s) injuries		
Description of Other Party's Vehicle or Equipment or Property Damage:					
_____ _____ _____					

Note:

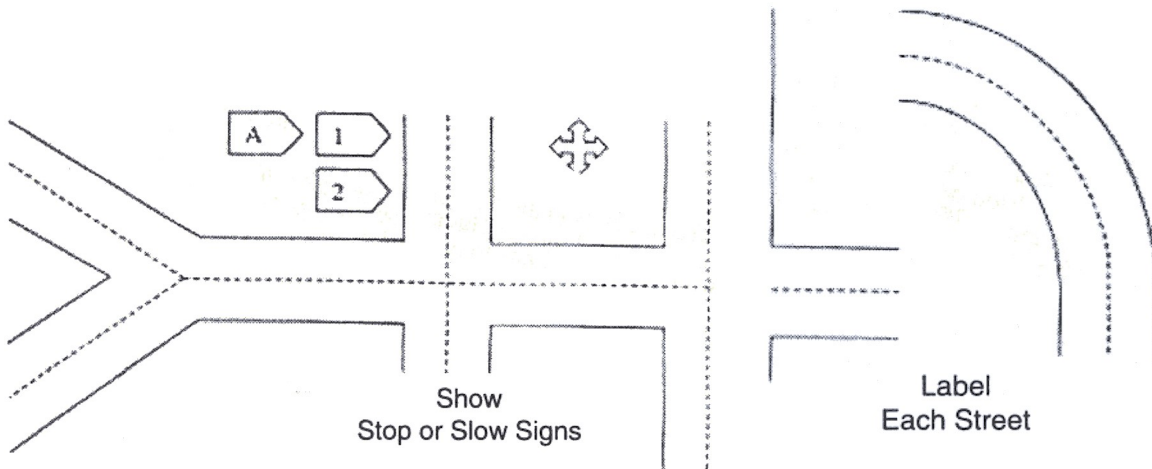
If there are more than one (1) Other Party, add more of this Page 3 to fill in the noted inquiries above

Underlying Causes

Write what is the possible cause(s) for this incident:							
_____ _____ _____							
Check all visibility conditions that apply:	Clear <input type="checkbox"/>	Fog <input type="checkbox"/>	Rain <input type="checkbox"/>	Snow <input type="checkbox"/>	Bright Sun <input type="checkbox"/>	Dim (Dusk/Dawn) <input type="checkbox"/>	Dark <input type="checkbox"/>
Condition of the road surface:	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Ice <input type="checkbox"/>	Slush <input type="checkbox"/>	Other, explain:		
Recommendations to help prevent a similar incident and a Follow Up Action:							
_____ _____ _____							
Signature of Person Involved:				Date of signature:			
Check to the right, what applies to this Report:				Preventable <input type="checkbox"/>	Non-Preventable <input type="checkbox"/>	Photos were taken <input type="checkbox"/>	
Supervisor's Comments:							
_____ _____ _____							
Supervisor's Signature:				Date of signature:			

Use this diagram for drawing details of the incident

- Illustrate position of cars at time of collision. Show skid marks, if any.
- Show vehicles or equipment named "me" and "other" and indicate travel direction using arrows.
- If any street is more than two-lanes or is a one way, please indicate.



Witness Statement

(Please Print)		
Witness Name:	Date:	Location:

Witness Signature:

Date of Signature:

Sequence of Review and Signature:

1. DIRECTOR OF PUBLIC WORKS _____ DATE: _____

COMMENTS: _____

2. DIRECTOR OF FINANCE _____ DATE: _____

COMMENTS: _____

3. C.A.O. _____ DATE: _____

COMMENTS: _____

4. SAFETY COORDINATOR _____ DATE: _____

COMMENTS: _____

5. JOINT HEALTH & SAFETY COMMITTEE: _____ DATE: _____

RECOMMENDATIONS: _____



Near Miss Report

County of Northern Lights
Commenced Equipment Operators

NEAR MISS IS AN UNPLANNED EVENT THAT DID NOT RESULT IN INJURY, ILLNESS OR DAMAGE – BUT HAD THE POTENTIAL TO DO SO – **USE NEAR MISS FORM**

Incident or Accident is an undesirable or unfortunate happening that occurs unintentionally and results in harm, injury, damage, or loss—Use **Incident/Accident Form**

Company: _____ Individual Involved: _____

Date of Incident: _____ Time: _____ Location: _____

Witness: _____ Supervisor: _____

Was orientation/training performed prior to near miss? : Yes ___ No ___

Hours worked prior to near miss: _____

Potential Hazard Rating

Please check mark appropriate rating

1___
Minor

2___

3___
Moderate

4___

5___
Major

Description: What happened? Report any details that may have contributed to the near miss (e.g) poor lighting) Use additional paper as necessary and attach to form (i.e. pictures)

Describe the outcome: What could have happened? Harm/Health Effects/Damage, Etc.

Describe corrective measures: What actions should be, or have been taken to address immediate hazards related to near miss

Supervisor Signature: _____

Employee(s) Involved Signature: _____

Witness Signature: _____

Reviewed by:

D.P.W. _____

Signature _____ Date _____

C.A.O. _____

Signature _____ Date _____

Safety Administrator _____

Signature _____ Date _____



County of Northern Lights
 #600 – 7th Ave NW; Box 10 Manning, AB T0H 2M0
 Phone: 780-836-3348 Fax: 780-836-3663
PREJOB Toolbox Safety Meeting Report

Refer to Safe Work Practice No. 6.12 in the Safety Manual / Employee Safety Handbook **File No. 18.30.10**

Daily **Weekly**

Meeting Conducted By:	Meeting Location:	Date & Time: <i>(of the meeting)</i>
Type of Work:		
Work-Site Location:		

Place a ✓ (checkmark) to those that apply or a **NA** (Not Applicable) to those that don't

General Requirements:	✓ or NA here ↓↓↓↓
All new personnel / operators / contractors to the work, shall be given a safety orientation prior to working.	
Upon arrival inspect site for hazards: refer to Job Hazard & Communication Assessment for types of jobs, note in Comments what was reviewed	
Obtain ALL required PERMITS and ensure compliance before commencement of work (E.g. Alberta First Call 1-800-242-3447)	
County Safety Manual / Employee Safety Handbook must be on work site	
Occupational Health & Safety (OH&S) Act, Regulation, and Code along with County Policies and Directives must be obeyed	
All other applicable laws and regulations pertaining to the work being performed must be obeyed (E.g. Traffic Safety Act, etc.)	
Individuals under the influence of any type of drugs or alcohol will be removed from the work site immediately	
Communicate: CSA approved PPE must be worn according to OH&S and noted below in Comments what was worn	
No running or horseplay on worksites, No riding on decks, steps or tailgates of trucks	
No walking under suspended loads or being behind reversing vehicles or equipment	
Be aware of your surroundings while working (E.g. Wildlife aware [Bears], traffic awareness, etc.)	
Trenching or Excavating (E.g. Culvert Installs, etc.): must read Safe Work Practices that apply accordingly and note what was read in Comments below	
Road Work of any type (E.g. Re-gravel, Road Ditching, etc.): must read Safe Work Practices that apply accordingly and note what was read in Comments below	
Grass Cutting, Weed Whipping, etc.: must read Safe Work Practices that apply accordingly and note what was read in Comments below	
Chemical Spraying, Landscaping (Fertilizing) Agriculture Department only; must read Safe Work Practices that apply accordingly and note what was read in Comments below	
Vehicle and Equipment Operations (E.g. Backhoe, Grader, etc.): must read Safe Work Practices that apply accordingly and note what was read in Comments below	
Other applicable Safe Work Practice(s): ✓ to the right and note in the Comments below or NA to the right	
Availability: Water available on work site to for workers to drink (noted to the left)	
Toilets available (Portable or a fixed structure location noted to the left)	
Signage / Barriers / Detours set up prior to work commencing	

Circle ✓ or NA for acknowledgment of		Potential Hazards:			
Overhead Utility Lines	✓ or NA	Underground Utility Lines	✓ or NA	Electricity	✓ or NA
Pressured Gas or Liquid	✓ or NA	Chemicals or H2S	✓ or NA	Fumes or Dust	✓ or NA
Eye Damage	✓ or NA	Hearing Damage (Noise)	✓ or NA	Body Damage	✓ or NA
Wildlife	✓ or NA	Traffic (Vehicles/Pedestrians)	✓ or NA	Visibility	✓ or NA
Weather – Conditions	✓ or NA <i>Please Specify:</i>				
Slip, Trip or Fall	✓ or NA	Over Exertion or Strain	✓ or NA	Lifting	✓ or NA
Over Head Hazard	✓ or NA	Moving Parts or Sharp Edges	✓ or NA	Other(s) noted in Comments	✓ or NA

Meeting Attended By: (Print name / sign) <i>if more than 10 attendees - add an attached Print and Sign page</i>	
/	/
/	/
/	/
/	/
/	/

Designated First Aiders: _____ / _____ / _____
First Aid Kit / Station Location: _____

Comments:

Site Supervisor's Contact info: _____ ← Add name and phone number here

White Copy – Safety Coordinator **Yellow Copy** – Site Supervisor **Pink Copy** – Others/Third Parties.

Management Review & Initial:
 Director of Public Works _____ Safety Coordinator _____