



## OHS questionnaire - Supporting documents and validation criteria

Updated : April 2025

Question Number	Type of supporting document required	Validation Criteria (The supporting document must meet all the criteria below to be accepted)																																			
0099	<p><b>1. Occupational Injuries, Illnesses &amp; Fatalities  Annual Data</b> Please complete the table below. The data must relate to the sum of all your company's activities per year, regardless of the client for whom you are providing the information.</p> <table border="1"> <thead> <tr> <th></th> <th>2021</th> <th>2022</th> <th>2023</th> <th>2024</th> </tr> </thead> <tbody> <tr> <td>Number of occupational injuries and illnesses with lost time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number of occupational injuries and illnesses with modified work</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number of injuries with medical treatment</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number of fatalities</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number of lost days</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total of worked hours</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2021	2022	2023	2024	Number of occupational injuries and illnesses with lost time					Number of occupational injuries and illnesses with modified work					Number of injuries with medical treatment					Number of fatalities					Number of lost days					Total of worked hours					<p>No supporting document required but the numbers need to match with your CNESST employer profile attached at the next question.</p> <p>n.a.</p>
	2021	2022	2023	2024																																	
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6211	<p><b>1.1 To validate some of the information in the table for question n. 0099, attach the employer profile-five years of CNESST of your company. For companies outside Quebec, attach any other proof provided by a relevant authority.</b></p> <p><input type="checkbox"/> Provide the employer profile- 5 years of CNESST attached (include the following sections: Summary, Identification and Injuries)</p> <p><input type="checkbox"/> I am not registered with the CNESST because I am self-employed.</p> <p><input type="checkbox"/> I am a company outside Quebec- provide any other proof by a competent authority.</p>	<p>Complete employer profile- 5 years of CNESST : official document from the CNESST accessible through the CNESST online platform (or by request for the companies who are not registered on the online platform- anticipate delays).</p> <p>The employer's profile must be from the <b>current year</b> and include the following <b>three sections</b> in a single PDF file: <b>summary, identification and injuries</b>. The <b>NEQ number</b> on the employer's profile must be <b>identical</b> to that provided in <b>question 6273</b>. The <b>company name</b> on the employer portrait must be <b>identical</b> to the <b>SafeContractor account</b> name.</p>																																			
6217	<p><b>2. Follow-up in case of a serious accident</b> Indicate the follow-up to be done (among other things) if an employee, subcontractor, visitor, member of the public, or any individual suffered a serious injury in the context of your company's operations:</p> <p>* Minimal requirements : Inform the CNESST within 24 hours and provide a written report Inform the Health and Safety Committee or prevention representative</p>	<p>Official document detailing the occupational injuries from the past 4 years, reported to the qualified administrative authorities.</p> <p>The <b>name of the company's SafeContractor account</b> is the <b>same</b> as the one on the <b>document</b> issued by the qualified administrative authorities</p>																																			
	<p><input type="checkbox"/> Minimal requirements* of the regulatory authorities</p> <p><input type="checkbox"/> Documented analysis of the causes and solutions</p> <p><input type="checkbox"/> Documented analysis of the causes and solutions AND action plan indicating the people responsible, the dates, and the timelines.</p> <p><input type="checkbox"/> Our company does NO follow-up on serious injuries</p>	<p>None</p>	<p>n. a.</p>																																		
<p><small>1 According to the Article 62 of the loi sur la santé et sécurité au travail (Chapter S-2-1)</small></p>																																					
<p><b>Risks, Inspections and Audits</b></p>																																					
6218	<p><b>3. OHS Risk Analysis</b> Do you conduct and document OHS risk analysis ?</p>																																				
	<p><input type="checkbox"/> Yes - attach a sample of a duly completed risk analysis</p> <p><input type="checkbox"/> No</p>	<p>OHS risk analysis: a document identifying and assessing (probability and severity) the main health and safety risks for employees based on the company's activities, as well as the ways to reduce their likelihood or impact.</p>	<p>The OHS risk analysis must be that of the <b>organization completing the assessment</b> and must cover, at least, the following components : <b>Activity, hazard, risk, probability, impact and risk mitigation measures</b></p> <p>n. a.</p>																																		
6237	<p><b>4.Critical risks training</b> Are any of the situations with risks cited below, subject to a specific training activity for the employees involved ?</p>	<p>Yes</p> <p>No</p> <p>Not applicable</p>																																			
	<p><input type="checkbox"/> Work in confined spaces</p> <p><input type="checkbox"/> Work at height</p> <p><input type="checkbox"/> Source of energy (eg: uncontrolled release)</p> <p><input type="checkbox"/> Lifting operations</p> <p><input type="checkbox"/> Vehicles in motion</p> <p><input type="checkbox"/> Work in the presence of water</p> <p><input type="checkbox"/> Hazardous substances or products</p> <p><input type="checkbox"/> Unstable or overhead objects</p> <p><input type="checkbox"/> Excavations or unstable soils</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>n.a.</p>																																		

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6221	5. Occupational health and safety (OHS) inspections OR audits How frequent are the documented inspections OR the OHS audits - for all work ?		
	<input type="checkbox"/> Daily or more often <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Less often	None	n. a.
6222	6. Handling of occupational health and safety (OHS) non-compliances Does your company have a documented action plan for handling OHS non-compliances ?		
	<input type="checkbox"/> Yes- Provide the action plan for at least one non-compliance  <input type="checkbox"/> Yes - We have NEVER had a non-compliance. Provide an example of an action plan that your company would use  <input type="checkbox"/> No - Our company does NOT have an OHS non-compliance action plan in place	Provide an example of an action plan for dealing with OHS non-compliances: a document that makes it possible to analyse situations where there has been an OHS failure, and to define, implement and monitor corrective measures.	The document must be <b>in the name of the company</b> completing the assessment or is in their OHS prevention program. It must be <b>duly completed</b> for a real non-compliance case (unless the situation has never occurred). The plan must include the following elements: <b>a date, actions, deadlines and responsible parties</b> as well as the <b>status</b> of non conformities.
6223	7. Inspection and certification of equipment. Is your equipment certified of periodically inspected ? <i>Example of documents : your company's maintenance plan including a sample inspection, an Excel file with the list of equipment showing the date of the last maintenance, etc.)</i>		
	<input type="checkbox"/> Yes - provide an example  <input type="checkbox"/> No  <input type="checkbox"/> Not applicable. We don't use equipment that requires inspections or certifications.	Provide an example of an equipment inspection (a document that allows for the validation of equipment safety through the examination of a series of specific points) or an example of an equipment certification (a document provided by a third party certifying the equipment is in safe working order)	The document must be <b>in the name of the organization</b> completing the assessment and must be <b>duly completed</b> . The document contains at least the following information: <b>date</b> of inspection/certification, <b>type</b> of inspection/certification, <b>qualification</b> of the person who performed the inspection/certification e.g. inspector/mechanic/engineer.
<b>Training and Awareness</b>			
6224	8. OHS induction training for new staff members Have new staff members taken specific training on the hazards associated with the activities when they started in their positions (e.g., induction training)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	None	n.a.
6225	9. Meetings that address the occupational health and safety (OHS) component		
	How often are held the meetings that cover an OHS aspect ?		
	<input type="checkbox"/> Daily or for every shift <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less often	None	n.a.
		None	n.a.
		None	n.a.
		None	n.a.
<b>Subcontracting</b>			
6230	10. Subcontracting management. Are the subcontracting companies that you hire to work on a project (or properties) informed about your customers' specific OHS requirements ?		
	<input type="checkbox"/> Yes - Provide an example  <input type="checkbox"/> No  <input type="checkbox"/> Not applicable. We do not contract out	An example of the OHS requirement of its clients communicated by the company to its subcontractors (policy, clause, letter of intent, program, etc.)	The example is that of the <b>organization completing the assessment</b> and it <b>clearly communicates</b> a set of occupational health and safety <b>requirements set by a customer</b> that subcontractors will have to comply with.
		None	n.a.
		None	n.a.

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<b>Management Procedures and practices</b>			
6274	<b>11. Prevention program or occupational health and safety (OHS) management system</b> Does your company have an OHS prevention program or management system ?		
	<input type="checkbox"/> Uncertified OHS prevention program or management system specific to your area of activity- Provide the program  <input type="checkbox"/> ISO 45001- certified OHS management system (OHSMS) - Provide the certificate and manual  <input type="checkbox"/> COR-certified OHS management system (OHSMS) - Provide the certificate and manual  <input type="checkbox"/> No	Prevention program (or health and safety plan): an action plan aimed at identifying, eliminating or controlling OHS risks using concrete measures.  ISO 45001 Certificate + OHSMS Manual (health and safety plan).  Certificate (COR™/SECOR™/MECOR™) + OHSMS Manual (health and safety plan).	The company's SafeContractor account name is the same as the one in the non-certified program or management system. The following elements must be addressed in the document: the main sources of risks, means of risks' mitigation so that risks are eliminated or permanently controlled, roles and responsibilities, and staff training.  The provided certificate must be valid (i.e., not expired) and the company's SafeContractor account name must be the same as the one on the certificate.
6275	<b>12. Occupational health and safety policy</b> Does your company have a formal health and safety policy dated and signed by management?		
	<input type="checkbox"/> Yes - provide your signed and dated policy  <input type="checkbox"/> No	The company's occupational health and safety (OHS) policy: a statement of principles that guides the prevention of workplace accidents throughout the company (communicates management's commitment, the values underpinning the actions to be taken, the organization's expectations regarding outcomes, the intended actions, roles, and responsibilities)	The OHS policy must be in the name of the organization completing the assessment or is in their OHS prevention program. The policy must be signed by management.
6276	<b>13. Accident reporting and investigation procedure or process</b> Does your company have a documented accident reporting and investigation procedure ?		
	<input type="checkbox"/> Yes-Provide the procedure or process  <input type="checkbox"/> No	The accident reporting and investigation procedure: a document aimed at revisiting the facts and events leading to an accident for analysis purposes and the implementation of corrective measures to prevent such situation recurring, specifying the application methods of the approach and the responsibilities of each party.	The document is in the name of the organization completing the assessment or is in their OHS prevention program. The following notions are present : identification of accidents, investigation of accidents and action plan/corrective measures.
6229	<b>14. Disciplinary action procedure</b> Does your company have a documented disciplinary action procedure that, for recurring or serious infractions, can lead to suspension ?		
	<input type="checkbox"/> Yes- Provide the procedure  <input type="checkbox"/> No	Disciplinary action procedure: A document outlining the way in which employees are to be informed of any misconduct of which they may be accused and involving a gradation of sanctions to give them the opportunity to change their behavior.	The document is in the name of the organization completing the assessment or is in their OHS prevention program. The concept of disciplinary measures, which may include suspension if necessary, is present.