



OHS questionnaire - Supporting documents and validation criteria

Updated : April 2025

Question Number	Question	Type of supporting document required	Validation Criteria (The supporting document must meet all the criteria below to be accepted)																																								
6099	1. Occupational Injuries, Illnesses & Fatalities Annual Data 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. <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					No supporting document required but the numbers need to match with your CNESST employer profile attached at the next question.	n.a.					
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6211	1.1 To validate some of the information in the table for question n. 6099, attach the employer profile-five years of CNESST of your company. For companies outside Quebec, attach any other proof provided by a relevant authority.																																										
	<input type="checkbox"/> Provide the employer profile- 5 years of CNESST attached (include the following sections: Summary, Identification and Injuries) <input type="checkbox"/> I am not registered with the CNESST because I am self-employed.	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).	The employer's profile must be from the current year and include the following three sections in a single PDF file: summary, identification and injuries . The NEQ number on the employer's profile must be identical to that provided in question 6273 . The company name on the employer portrait must be identical to the SafeContractor account name .																																								
	<input type="checkbox"/> I am a company outside Quebec- provide any other proof by a competent authority.	Official document detailing the occupational injuries from the past 4 years, reported to the qualified administrative authorities.	The name of the company's SafeContractor account is the same as the one on the document issued by the qualified administrative authorities																																								
6217	2. Follow-up in case of a serious accident 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: * Minimal requirements : Inform the CNESST within 24 hours and provide a written report Inform the Health and Safety Committee or prevention representative																																										
	<input type="checkbox"/> Minimal requirements* of the regulatory authorities <input type="checkbox"/> Documented analysis of the causes and solutions <input type="checkbox"/> Documented analysis of the causes and solutions AND action plan indicating the people responsible, the dates, and the timelines. <input type="checkbox"/> Our company does NO follow-up on serious injuries 1 According to the Article 62 of the loi sur la santé et sécurité au travail (Chapter S-2.1)	None	n. a.																																								
Risks, Inspections and Audits																																											
6218	3. OHS Risk Analysis Do you conduct and document OHS risk analysis ?																																										
	<input type="checkbox"/> Yes - attach a sample of a duly completed risk analysis	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.	The OHS risk analysis must be that of the organization completing the assessment and must cover, at least, the following components : Activity, hazard, risk, probability, impact and risk mitigation measures																																								
	<input type="checkbox"/> No	None	n. a.																																								
6237	4. Critical risks training Are any of the situations with risks cited below, subject to a specific training activity for the employees involved ? <table border="1"> <thead> <tr> <th></th><th>Yes</th><th>No</th><th>Not applicable</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Work in confined spaces</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Work at height</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Source of energy (eg: uncontrolled release)</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Lifting operations</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Vehicles in motion</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Work in the presence of water</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Hazardous substances or products</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Unstable or overhead objects</td><td></td><td></td><td></td></tr> <tr> <td><input type="checkbox"/> Excavations or unstable soils</td><td></td><td></td><td></td></tr> </tbody> </table>		Yes	No	Not applicable	<input type="checkbox"/> Work in confined spaces				<input type="checkbox"/> Work at height				<input type="checkbox"/> Source of energy (eg: uncontrolled release)				<input type="checkbox"/> Lifting operations				<input type="checkbox"/> Vehicles in motion				<input type="checkbox"/> Work in the presence of water				<input type="checkbox"/> Hazardous substances or products				<input type="checkbox"/> Unstable or overhead objects				<input type="checkbox"/> Excavations or unstable soils					
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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	None	n. a.
	<input type="checkbox"/> Weekly	None	
	<input type="checkbox"/> Monthly	None	
	<input type="checkbox"/> Quartely	None	
	<input type="checkbox"/> Semi-annually	None	
	<input type="checkbox"/> Annually	None	
	<input type="checkbox"/> Less often	None	
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	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 in the name of the company completing the assessment or is in their OHS prevention program. It must be duly completed for a real non-compliance case (unless the situation has never occurred). The plan must include the following elements: a date, actions, deadlines and responsible parties as well as the status of non-conformities.
	<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		
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	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 in the name of the organization completing the assessment and must be duly completed . The document contains at least the following information: date of inspection/certification, type of inspection/certification, qualification of the person who performed the inspection/certification e.g. Inspector/mechanic/engineer.
	<input type="checkbox"/> No	None	n.a.
	<input type="checkbox"/> Not applicable. We don't use equipment that requires inspections or certifications.	None	n.a.
Training and Awareness			
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	None	n.a.
	<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	None	n.a.
	<input type="checkbox"/> Weekly	None	n.a.
	<input type="checkbox"/> Monthly	None	n.a.
	<input type="checkbox"/> Less often	None	n.a.
Subcontracting			
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	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 organization completing the assessment and it clearly communicates a set of occupational health and safety requirements set by a customer that subcontractors will have to comply with.
	<input type="checkbox"/> No	None	n.a.
	<input type="checkbox"/> Not applicable. We do not contract out	None	n.a.

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Management Procedures and practices			
6274	11. Prevention program or occupational health and safety (OHS) management system 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	Prevention program (or health and safety plan): an action plan aimed at identifying, eliminating or controlling OHS risks using concrete measures.	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 .
	<input type="checkbox"/> ISO 45001- certified OHS management system (OHSMS) - Provide the certificate and manual	ISO 45001 Certificate + OHSMS Manual (health and safety plan).	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 .
	<input type="checkbox"/> COR-certified OHS management system (OHSMS) - Provide the certificate and manual	Certificate (COR™/SECOR™/MECOR™) + OHSMS Manual (health and safety plan).	
	<input type="checkbox"/> No	None	
6275	12. Occupational health and safety policy 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	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 .
	<input type="checkbox"/> No	None	n.a.
6276	13. Accident reporting and investigation procedure or process Does your company have a documented accident reporting and investigation procedure ?		
	<input type="checkbox"/> Yes-Provide the procedure or process	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 .
	<input type="checkbox"/> No	None	n.a.
6229	14. Disciplinary action procedure 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	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.
	<input type="checkbox"/> No	None	n.a.