

Assessment Questionnaire

V2025.01 OHS-Questionnaire Hydro-Québec

Organization Profile

General Information (1) questions

1 of 1

6273

Registraire des entreprises du Québec

Is your company registered with the "Registraire des entreprises du Québec" ?

Please note that the NEQ of your enterprise must be the same as the one indicated in your supplier file in the Procurement Space and on the documents provided for the evaluation. If the NEQ indicated in the questionnaire differs from the one on your documents, the validation period may be extended. Hydro-Québec will only accept scores associated with the NEQ found in the supplier file in the Procurement Space.

☐ Yes, enter your NEQ :

☐ No, our company is located outside of Quebec

Occupational Health & Safety (OHS)

OHS Statistics (2) questions

1 of 2

Read these instructions before completing the information below.

[English Instructions](#)

7990

Hydro-Québec | Occupational Injuries, Illnesses & Fatalities | Annual Data

Please complete the table below.

The data must relate to the sum of all of your company's activities per year, regardless of the client for whom you are providing the information.

	2021	2022	2023	2024
Number of occupational injuries and illnesses with lost time	<hr/>	<hr/>	<hr/>	<hr/>
Number of occupational injuries and illnesses with modified work	<hr/>	<hr/>	<hr/>	<hr/>
Number of injuries with medical treatment	<hr/>	<hr/>	<hr/>	<hr/>
Number of fatalities	<hr/>	<hr/>	<hr/>	<hr/>
Total: Number of recordable occupational injuries and illnesses	<hr/>	<hr/>	<hr/>	<hr/>
Number of lost days	<hr/>	<hr/>	<hr/>	<hr/>
Total of worked hours	<hr/>	<hr/>	<hr/>	<hr/>
Frequency rate, all recordable occupational injuries and illnesses	<hr/>	<hr/>	<hr/>	<hr/>
Frequency rate, all occupational injuries and illnesses with lost time	<hr/>	<hr/>	<hr/>	<hr/>



Severity rate

6211

SAC-Chercherleportraitdel'employeursurlesitedelaCNESST-030222-1447.pdf

Occupational Injuries | Evidence provided by a competent authority

To validate some of the information in the table in the previous **question Occupational Injuries, Illnesses & Fatalities**, attach the employer profile – five years of CNESST for your company.

For companies outside Quebec, attach any other proof provided by a relevant authority.

☐ Provide the employer profile – 5 years of CNESST attached (include the following sections: Summary, Identification and Injuries)

☐ I am not registered with the CNESST because I am self-employed.

☐ I am a company outside of Quebec - provide any other proof provided by a competent authority.

2 of 2

6217

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 other individual suffered a serious injury in the context of your company's operations:

*Minimum requirements:

Inform the CNESST within 24 hours and provide a written report

Inform the Health and Safety Committee or prevention representative

☐ Minimum requirements* of the regulatory authorities

☐ Documented analysis of the causes and solutions

☐ Documented analysis of the causes and solutions AND action plan indicating the people responsible, the dates, and the timelines

☐ Our company does NO follow-up on serious injuries.

Risks, Inspections and Audits (1) questions

1 of 1

6218

Gabarit - Registre cadre de risque - HQE.xlsx

OHS Risk Analysis

Do you conduct and document OHS risk analysis?

Note that the following elements are expected to be present in your analysis: Activity, Hazard, Probability, Impact, Risk, and Risk Mitigation. A risk analysis template that you can use is provided.

☐ Yes – attach a sample of a duly completed risk analysis

☐ No

6237

Critical Risks Training

Are any of the situations with risks cited below, subject to a specific training activity for the employees involved?

Excavations or unstable soils

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT do excavation work or work with unstable soils.

Lifting operations

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT perform any work involving lifting operations.

Work in confined spaces

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT perform work in confined spaces.

Work at height

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT work at height.

Work in the presence of water

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT work in the presence of water.

Source of energy (eg: uncontrolled release)

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT perform work involving source or energy.

Hazardous substances or products

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT perform work involving hazardous substances or products.

Vehicles in motion

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT perform work involving vehicles in motion.

Unstable or overhead objects

☐ Yes

☐ No - no specific training activities are done.

☐ Non applicable - our company does NOT perform work involving unstable or overhead objects.

6221

Occupational health and safety (OHS) inspections OR audits

How frequent are the documented inspections OR the OHS audits – for all work?

<input type="radio"/> Daily or more often
<input type="radio"/> Weekly
<input type="radio"/> Monthly
<input type="radio"/> Quarterly
<input type="radio"/> Semi-annually
<input type="radio"/> Annually
<input type="radio"/> Less often

6222

Handling of occupational health and safety (OHS) non-compliances

Does your company have a documented action plan for handling OHS non-compliances?

An action plan must include the following: dates, measures, timelines, people responsible, and status of non-compliances

<input type="radio"/> Yes – Provide the action plan for at least one non-compliance.
<input type="radio"/> Yes – We have NEVER had a non-compliance. Provide an example of an action plan that your company would use.
<input type="radio"/> No - our company does NOT have an OHS non-conformance action plan in place

6223

Inspection and certification of equipment

Is your equipment certified or periodically inspected?

Examples 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.)

Note: provide the following information in the sample or the information from the certificate of compliance:

- date of the inspection or certification

- type of inspection or certification

- skills of the person who performed the inspection or certification – e.g.: inspector/mechanic/engineer

<input type="radio"/> Yes – provide an example
<input type="radio"/> No
<input type="radio"/> Not applicable. We don't use equipment that requires inspections or certification.

Training & Awareness (1) questions
1 of 1

6224

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="radio"/> Yes
<input type="radio"/> No

6225

Meetings that address the occupational health and safety (OHS) component

How often are the meetings that cover an OHS aspect held?

<input type="radio"/> Daily or for every shift
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☐ Weekly

☐ Monthly

☐ Less often

Subcontracting (1) questions

1 of 1

6230

Subcontracting management

Are the **subcontracting** companies that you hire to work on a project (or properties) informed about your customers' specific OHS requirements?

☐ Yes – Provide an example.

☐ No

☐ Not applicable. We do not contract out.

Management Procedures and Practices (1) questions

1 of 1

6274

Prevention program or occupational health and safety (OHS) management system

Does your company have an OHS prevention program or management system?

☐ Uncertified OHS prevention program or management system specific to your area of activity.

☐ ISO 45001-certified OHS management system (OHSMS) – Provide the certificate and manual.

☐ COR-certified OHS management system (OHSMS) – Provide the certificate and manual.

☐ No

6275

Occupational health and safety policy

Does your company have a formal health and safety policy dated and signed by management?

☐ Yes - provide your signed and dated policy

☐ No

6276

Accident reporting and investigation procedure or process

Does your company have a documented accident reporting and investigation procedure?

☐ Yes - Provide the procedure or process.

☐ No

6229

Disciplinary action procedure

Does your company have a documented disciplinary action procedure that, for recurring or serious infractions, can lead to suspension?

☐ Yes– Provide the procedure.

☐ No

Commitments (1) questions

1 of 1

AUTHORIZATION TO COMPLETE THE QUESTIONNAIRE ON BEHALF OF YOUR ENTERPRISE

The person completing this questionnaire and submitting supporting documents requires authorization to do so on behalf of the enterprise, either directly or by delegation of authority, and must certify that all responses and other information provided are true, accurate and complete.

6350

Declaration of the authorized person☐ I certify that the responses provided in the questionnaire are true, accurate and complete.**Reminder**

When you've completed all the steps, send in your submission for review.

Your responses and documents will be checked within **two business days**. If any of the elements are incomplete or unacceptable, your submission will not be processed and you will have to correct the situation. Be sure to check your inbox and SafeContractor account for further details on the elements that require your attention.