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| UC-horz-rgb.jpg | APPENDIX BContractor Prequalification Form  |

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| **CONTRACTOR INFORMATION** |
| 1. Name of Company: Click or tap here to enter text.
 |
|  Address: Click or tap here to enter text. |
|  City: Click or tap here to enter text. |
|  Province: Click or tap here to enter text. |  Postal Code: Click or tap here to enter text. |
|  Phone: Click or tap here to enter text. | Fax: Click or tap here to enter text. |
| **2. Contact For** | **Company Information** | **Safety Information** |
| Name | Click or tap here to enter text. | Click or tap here to enter text. |
| Position | Click or tap here to enter text. | Click or tap here to enter text. |
| Telephone # | Click or tap here to enter text. | Click or tap here to enter text. |
| Cell # | Click or tap here to enter text. | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. | Click or tap here to enter text. |
| **3. Describe services provided:** Click or tap here to enter text. |  |
| **4**. **List types of work normally sub-contracted by your company to others:** Click or tap here to enter text. |
|  **HEALTH, SAFETY & ENVIRONMENT PERFORMANCE** |
| This section must include current year and the last three years company injury statistics |
| **5. WCB Number:** Click or tap here to enter text. |
| **6. Industry Code:** Click or tap here to enter text. | **Industry Classification:** Click or tap here to enter text. |
| **7. WCB Details** | **2022** | **2021** | **2020** | **2019** |
| * Your Industry WCB Premium Rate
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * Employers WCB Premium Rate
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * Your Industry WCB Rate Adjustment, %
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * Surcharge or (Discount) on WCB Rate
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **8. Safety Statistics** |
| * Number of Fatalities
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * Number of First Aid Injuries
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * Number of Medical Treatment Cases (MTC)
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * Number of Restricted Work Cases (RWC)
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * Number of Lost Time Injuries (LTI)
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| • Exposure Hours | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| • Average Number of Employees | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| • Total Recordable Injury Frequency (TRF) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| • Lost Time Injury Frequency (LTIF) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **TRIF = # Recordables (MTC + RWC + LTI) x 200,000 / Exposure Hours** |
|  **LTIF = # LTI x 200,000 / Exposure Hours** |

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| **9. Regulatory Compliance** |
| Has your company been cited, charged or prosecuted under the Provincial Occupational Health and Safety Act or the Provincial Environmental Enhancement and Protection Act in the last 3 years?[ ]  Yes (If yes, provide details below) [ ]  No  |
| **10. Alberta Certificate of Recognition (COR)** |
| Does your company have a Certificate of Recognition (COR/SECOR)? | [ ]  Yes [ ]  No |
| COR Certificate Number: Click or tap here to enter text. | Date of Last External Audit: Click or tap here to enter text. |
| **HEALTH, SAFETY & ENVIRONMENT PROGRAM** |
| **Management Commitment and Leadership Yes No N/A** |
| 1. 1. Do you have a written HSE Policy Statement?
 |[ ] [ ] [ ]
| 1. 2. Do you have clearly defined safety responsibilities for managers, supervisors, and workers?
 |[ ] [ ] [ ]
| 1. 3. Do managers/supervisors visit the worksite?
 |[ ] [ ] [ ]
|  How often? Click or tap here to enter text.      |
| 1. 4. Do you evaluate your safety program to ensure it is effective and that all areas for improvement are identified?
 |[ ] [ ] [ ]
|  How often?  Click or tap here to enter text.     |
| **Hazard Identification and Risk Assessment Yes No N/A** |
| 1. 5. Do you conduct appropriate on-site and equipment inspections?
 |[ ] [ ] [ ]
| 1. 6. Do you have a near miss reporting program?
 |[ ] [ ] [ ]
| 1. 7. Do you have a hazard identification and assessment program?
 |[ ] [ ] [ ]
| 1. 8. Do you have a preventive maintenance program for tools and equipment?
 |[ ] [ ] [ ]
| 1. 9. Are workers involved with discussion regarding job/task specific hazards?
 |[ ] [ ] [ ]
| **Rules and Work Procedures Yes No N/A** |
| 1. 10. Do your workers have access to the OH&S Act, Regulation and Code?
 |[ ] [ ] [ ]
| 1. 11. Do you have a disciplinary policy?
 |[ ] [ ] [ ]
| 1. 12. Do you have specialized rules/practices in place for the following:
 |
| 1. Confined Space Entry?
 |[ ] [ ] [ ]
| 1. Working at Heights?
 |[ ] [ ] [ ]
| 1. Equipment Safety Devices?
 |[ ] [ ] [ ]
| 1. Flammable Materials?
 |[ ] [ ] [ ]
| 1. Materials Handling?
 |[ ] [ ] [ ]
| 1. WHMIS, TDG?
 |[ ] [ ] [ ]
| 1. Working Alone?
 |[ ] [ ] [ ]
| 1. Workplace Violence and Harassment?
 |[ ] [ ] [ ]
| 1. Drug and Alcohol?
 |[ ] [ ] [ ]
| 1. Respiratory Equipment – Respiratory Code of Practice?
 |[ ] [ ] [ ]
| 1. Ground Disturbance and Excavations?
 |[ ] [ ] [ ]
| List any other work procedures with specialized rules/practices in place for your services or business.Click or tap here to enter text. |
| 1. Do you have standard work procedures in place for critical or potentially high hazards/jobs?
 |[ ] [ ] [ ]
| 1. Do you have Personal Protective Equipment standards in place?
 |[ ] [ ] [ ]
| 1. Do you have a current Emergency Response Plan?
 |
| **Training Yes No N/A** |
| 1. Do you provide HSE, technical and/ or training to your company supervisors?
 |[ ] [ ] [ ]
| 1. Do you provide HSE and/or technical training to your workers?
 |[ ] [ ] [ ]
| 1. Do you provide on-the-job training to all employees?
 |[ ] [ ] [ ]
| 1. Do you keep training records for your workers?
 |[ ] [ ] [ ]
| 1. Do you offer a “New Employee Orientation Program”? If yes, does it include:
 |[ ] [ ] [ ]
| 1. Safety Policies and Rules
 |[ ] [ ] [ ]
| 1. Safety Meetings
 |[ ] [ ] [ ]
| 1. Injury and Incident Reporting
 |[ ] [ ] [ ]
| 1. First Aid and CPR Procedures
 |[ ] [ ] [ ]
| 1. Housekeeping
 |[ ] [ ] [ ]
| 1. Drug and Alcohol Policy
 |[ ] [ ] [ ]
| 1. Working at Heights, Fall Protection
 |[ ] [ ] [ ]
| 1. Fire Protection, Safety
 |[ ] [ ] [ ]
| 1. Safe Driving
 |[ ] [ ] [ ]
| 1. Toxic/Hazardous Substances
 |[ ] [ ] [ ]
| 1. Lockout/Tag out
 |[ ] [ ] [ ]
| 1. Emergency Equipment and Procedures
 |[ ] [ ] [ ]
| **Group Meetings Yes No N/A** |
| 1. Do you hold regular safety meetings, pre-job meetings and/or tailgate meetings?
 |[ ] [ ] [ ]
| **Investigation and Analysis Yes No N/A** |
| 1. Do you have an incident reporting system in place?
 |[ ] [ ] [ ]
| 1. Do you have a procedure in place to investigate and follow-up on incidents?
 |[ ] [ ] [ ]
| **Health and Environmental Controls Yes No N/A** |
| 1. Do you have a waste management policy or program?
 |[ ] [ ] [ ]
| 1. Do you have a system in place to control hazardous materials that will be brought to, used on, and removed from the worksite?
 |[ ] [ ] [ ]
| 1. Are your company’s worksites and procedures periodically audited by an accredited HSE auditor to measure the effectiveness of your HSE programs?
 |[ ] [ ] [x]

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| **Subcontractors**  **Yes No N/A**  |
| 1. Do you have a program for managing subcontractors?
 |[ ] [ ] [ ]
| 1. Do you include subcontractors in your Health and Safety orientations?
 |[ ] [ ] [ ]
|  Job Safety Analysis or Hazard Assessment?  |[ ] [ ] [ ]
|  Kick-off or Pre-job meeting? |[ ] [ ] [ ]
|  Inspections?  |[ ] [ ] [ ]
|  Incident Reporting and Investigation?  |[ ] [ ] [ ]
|  Safety Meetings? |[ ] [ ] [ ]
|  Do you verify on-site subcontractor’s safety training records and trade certificates?  |[ ] [ ] [ ]
| **INFORMATION SUBMITTAL** |
| Copies of the following information must be returned in conjunction with this form. |
| **No.** | **Records, Statements or Forms**  | **Verification by UC** |
| 1 | Completed Contractor Prequalification Form | [ ]  |
| 2 | WCB Premium Rate Statement  |[ ]
| 3 | WCB Clearance Letter |[ ]
| 4 | Comprehensive General Liability Certificate of Insurance |[ ]
| 5 | Certificate of Recognition within the last three years |[ ]
| 6 | Company Environment, Health & Safety Manual |[ ]
| 7 | Example of completed Project Job Safety Analysis |[ ]
| 8 | Example of completed Field Level Hazard Assessment |[ ]
| 9 | Example of completed employee HSE Orientation Record  |[ ]
| 10 | Outline of employees and supervisor HSE Training Program |[ ]
| 11 | Example of completed Incident Investigation Report (names redacted) |[ ]
| 12 | Example of completed planned HSE Inspection Check Sheet |[ ]
| **I hereby certify that all information on this questionnaire and attachments are true and accurate.** |
| **SIGNATURES REQUIRED** |
|  Contractor RepresentativeClick or tap here to enter text. |  Title and Contact NumberClick or tap here to enter text. |  Signature & DateClick or tap here to enter text. |
|  Contractor HSE RepresentativeClick or tap here to enter text. |  Title and Contact NumberClick or tap here to enter text. |  Signature & DateClick or tap here to enter text. |