

CONTRACTOR PRE-QUALIFICATION FORM

Company Identification:

OFFICE USE ONLY

1. Company Name: _____ Telephone: _____
 Mailing Address: _____ Fax: _____
 _____ E-mail: _____

2. Form of Business:
 Sole Owner Partnership Corporation

3. Officers:	Years with Company
President / C.E.O.: _____	_____
Vice-President: _____	_____
Treasurer: _____	_____
H & S Supervisor: _____	_____

4. How many years has your organization been in business under your present name? _____

5. Parent Company Information:
 Parent Name: _____
 City: _____ Province / State: _____ Postal / Zip Code: _____
 Subsidiaries: _____

6. Under Current Management Since (Date:) _____

7. Insurance Contact Information:
 Title: _____ Telephone: _____ Fax: _____

8. Insurance Carrier(s):	Name:	Type of Coverage:	Telephone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Organization:

9. Describe nature of work your company specializes in:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

10. Are any of the above services you normally perform subcontracted to others? Yes No

Company Work History:

11. Jobs completed in the past 3 years that may be contacted for reference: (provide at least 3)

Customer Name: _____	
Address & Telephone: _____	

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Type of Work:		
Contract Value:		
Customer Contact:		
Customer Fax #:		
Customer Name:		
Address & Telephone:		
Type of Work:		
Contract Value:		
Customer Contact:		
Customer Fax #:		
Customer Name:		
Address & Telephone:		
Type of Work:		
Contract Value:		
Customer Contact:		
Customer Fax #:		
12. Are there any judgements, claims or suits pending or outstanding against your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you received any regulatory (MOL, MOE, etc.) orders and/or prosecutions in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Do you have involvement in organizations such as the Construction Safety Association, Industrial Accident Prevention Association? If yes, please name:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Safety & Health Performance:

15. Can you provide proof of Workplace Safety and Insurance? (Certificate of Clearance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Is your company experience rated (CAD-7, NEER)? (If yes, attach CAD-7 reports for the last 3 years and go to item 18. If no, complete item 17.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Has an employee of your company suffered a work related fatal accident or "critical injury" as defined by the Ontario Occupational Health & Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Has your company ever been subjected to a Work-well Audit? If yes, what was your final score? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Safety & Health Program and Procedures:

19. Do you have a written Health & Safety Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a written Safety and Health Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the program address the following key elements?		
a) Management commitment and expectations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Employee participation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<p>c) Accountabilities & responsibilities for managers, supervisors, and employees</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>d) Resources for meeting safety and health requirements</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>e) Periodic safety and health performance appraisals for employees</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>f) Hazard recognition and control</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>20. Does the program include work practices and procedures such as:</p>		
<p>a) Equipment Lockout and Tag-out (LOTO)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>b) Confined Space Entry</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>c) Fall Protection</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>d) Personal Protective Equipment</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>e) Portable Electrical / Power Tools</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>f) Vehicle Safety</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>g) Compressed Gas Cylinders</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>h) Electrical Equipment Grounding Assurance</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>i) Powered Industrial Vehicles (Cranes, Forklifts, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>j) Housekeeping</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>k) Accident / Incident Reporting</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>l) Unsafe Condition Reporting</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>m) Emergency Preparedness, including Evacuation Plan</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>n) Waste Disposal</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>o) Respiratory Protection</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>p) Designated Substance Management</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>21. Do you have a policy for the termination of contracts of subcontractors who do not comply with the Occupational Health & Safety Act and Regulations and or Company Rules and Policies?</p>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>22. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? <i>(If no, provide a description of your plan to assure that they can safely perform their jobs.)</i></p>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>23. Medical</p>		
<p>a) Do you have personnel certified in Standard Care First Aid?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>b) Do you have an emergency plan in place?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>c) Are First Aid Kits provided?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>24. Personal Protective Equipment (PPE)</p>		
<p>a) Is application PPE provided for employees?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>b) Do you have a program to assure that PPE is inspected and maintained?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>c) Are employees trained in PPE use?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>25. Do you have a corrective action process for addressing individual safety and health performance deficiencies?</p>		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<p>26. Equipment & Manuals</p>		
<p>a) Do you conduct inspections on operating equipment (e.g. cranes, forklifts, etc.) in compliance with regulatory requirements?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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- b) Do you maintain operating equipment in compliance with regulatory requirements? Yes No
- c) Do you maintain the applicable inspection and maintenance certification records for operating equipment? Yes No
- d) Are records available upon request? Yes No

27. Subcontractors

- a) Do you use safety and health performance criteria in selection of subcontractors? Yes No
- b) Do your subcontractors have a written health and safety program? Yes No
- c) Do you include your subcontractors in:
- Safety and Health Orientation Yes No
 - Safety and Health Meetings Yes No
 - Inspections Yes No
 - Audits Yes No

28. Safety & Health Training

- a) Do you know the regulatory safety and health training requirements for your employees? Yes No
- b) Have your employees received the required safety and health training and retraining? Yes No
- c) Do you have a specific safety and health training program for supervisors? Yes No

29. Job Skills

- a) Have employees been trained in appropriate job skills? Yes No
- b) Are employee job skills certified where required by regulation or industry standards? Yes No
- c) Are certificates available upon request? Yes No

30. Training Records

- a) Do you keep safety, health, and job skills training records for employees? Yes No
- b) Are records available upon request? Yes No

I agree that the above information is true and correct to the best of my knowledge. I also agree to follow all terms and conditions of the "Contracted Services Program" at all times while on School Board property. I understand that background documentation may be requested by the Board.

Name: <i>(please print)</i>		Title:	
Signature:		Date:	