



## CONTRACTOR HSE QUESTIONNAIRE – DISTRIBUTION DIVISION

This document is intended to provide information on the HS&E performance of contractors who wish to perform work for ATCO Electric.

GENERAL INFORMATION			
Company Name			
Telephone Number		Fax Number	
Street Address		City	Province
Mailing Address		City	Postal Code
Company Website			

Health, Safety & Environment (HSE) Representative:	<input type="checkbox"/> Full time HSE position
	<input type="checkbox"/> Part time HSE position
Telephone Number	Fax Number
Email Address	

Company Leader:	Title
Telephone Number	Fax Number
Email Address	

Years in Business under Present Company Name	
Parent Company, if applicable:	
Number of Employees (including part-time):	

Contact Person at ATCO Electric <b>(MANDATORY)</b>	
---	--



COMPANY INFORMATION				
<p><b>*IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, CHECK OFF "YES", ATTACH DETAILS AND DESCRIBE CORRECTIVE ACTIONS TAKEN (Please Black out names)</b></p> <p><b>Does your company have <u>ANY</u> of the Following:</b></p> <ul style="list-style-type: none"> <li>Judgments, claims or lawsuits pending / outstanding against the company in the last three years?</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>Stop work orders or compliance orders from a Health and Safety, Environment, or other Regulator* in the last three years?</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>Charges or Conviction under any health and safety, environmental or vehicle legislation* in the last three years?</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>Health and Safety, Environment, or other Regulator* had cause to visit your worksite in the last three years?</li> </ul> <p><i>(*Legislation/Regulators include, but are not limited to: Alberta Workplace Health &amp; Safety – Occupational Health and Safety Act and Regulations, Alberta Environment and Sustainable Resource Development – Environmental Protection and Enhancement Act, Environment Canada, Alberta Traffic Safety Act or Motor Vehicle Transport Act or any other equivalent government agencies (federal or provincial)).</i></p>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Has the company reported any injuries or accidents under <b>Section 18</b> of the Alberta Occupational Health and Safety Act or equivalent requirements in other provinces in the last three years?</p> <p><b>ATTACH DETAILS AND DESCRIBE CORRECTIVE ACTIONS TAKEN</b></p>			<input type="checkbox"/> Yes	<input type="checkbox"/> No

WCB INFO				
Is the company currently in good standing with the WCB in Alberta?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the Company's WCB Premium Rate Adjustment (current Year)? _____ %			<input type="checkbox"/> Surcharge <input type="checkbox"/> Discount	
<p><b>ATTACH</b> a current copy of the following:</p> <ul style="list-style-type: none"> <li><b>Current WCB Clearance Letter</b></li> <li><b>Current WCB Experience Rate Statement</b></li> </ul>				

CONTRACT SERVICES
Contractor Services Provided
<b>Please list all work activities the company provides:</b>

**DOCUMENTATION REQUIREMENTS**

Please ensure the following supporting documentation and / or records are submitted to the email address below. Failure to provide the documents will compromise the company's eligibility to become HSE assessed. **\*Please Black out any employee names in sample documents**

ARE THE FOLLOWING DOCUMENTS ATTACHED?	ATCO Specific Documentation and Samples	ARE THE FOLLOWING DOCUMENTS ATTACHED?	HSE Management System (HSE Manual) Requirements
<input type="checkbox"/>	<a href="#">Certificates of Insurance</a> (pg. 5) \$ 2 Million minimum : -Commercial General Liability -Automobile coverage -Forest Fire Fighting Expense	<input type="checkbox"/>	HSE Management System (HSE Manual)
<input type="checkbox"/>	<a href="#">Current WCB Clearance Letter</a> (pg. 3) (in province/territory of work)	<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	Safe Work Practices and Procedures for work being done
<input type="checkbox"/> Attached <input type="checkbox"/> Discount <input type="checkbox"/> Surcharge	<a href="#">Current WCB Rate Statement</a> (pg. 3) (in province/Territory of work)	<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	<a href="#">Orientation Booklet/Checklist</a> (pg. 8) (including any Competency Assessment Forms)
<input type="checkbox"/> Attached <input type="checkbox"/> No COR	<a href="#">Certificate of Recognition (COR)</a> (pg. 5)	<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	<a href="#">Drug and Alcohol Policy</a> (pg. 6) (including Post incident Drug Testing, and substances tested)
<input type="checkbox"/> Attached <input type="checkbox"/> No Incidents	<a href="#">Incident Details and Corrective Actions</a> (pg. 4)	<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	<a href="#">Example of Training matrix/training records</a> (pg. 8)
<input type="checkbox"/> Attached <input type="checkbox"/> No Incidents	<a href="#">Orders/Charges/Conviction Details and Corrective Actions</a> (pg. 3)	<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	<a href="#">Environmental Program</a> (pg. 8) - Including spill response - Waste Management - Any others
<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	<a href="#">Hazard Assessment Template (sample)</a> (pg. 6) – including field level Hazard Assessment -Site Emergency Response/First Aid -any others	<input type="checkbox"/> Attached <input type="checkbox"/> In Manual <input type="checkbox"/> N/A	<a href="#">Subcontractor Prequalification/ Assessment Program Inspection form</a> (pg. 6)
<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	<a href="#">Incident &amp; Near Miss Reporting/Investigation Form (sample)</a> (pg. 7)	<input type="checkbox"/> Attached <input type="checkbox"/> In Manual	<a href="#">Inspection form</a> (pg. 7) (i.e. facility, vehicle, tools, PPE, etc.

HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE				
ITEM	CURRENT YEAR	3 PREVIOUS YEARS		
	20__	20__	20__	20__
Number of Fatalities <b>(Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)</b>				
Number of Lost Time Incidents (LTI) <b>(Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)</b>				
Number of Work Days Lost				
Number of Medical Aid Cases (MA)				
Number of Restricted Work Cases (RWC) <b>(Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)</b>				
Number of Restricted Work Days				
Number of First Aid Incidents (FA)				
Total Worker Hours				
Near Miss Reports Submitted				
Number of Vehicle Incident (VI)				
Total Kilometers Driven (estimate acceptable)				
Releases of liquid pollutants to land or water that are reportable to government authorities <b>(Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)</b>				
Non-compliance to legislation that is reportable to government authorities <b>(Provide details in a separate attachment, INCLUDING CORRECTIVE ACTIONS)</b>				
<p><b>NOTE: Each incident/case should be recorded in ONE CATEGORY ONLY, according to the highest severity level applicable (e.g., if a Medical Aid case becomes a Lost Time Incident, the case must be recorded as an LTI and removed from the MA category).</b></p> <p><b>*Please see Appendix 1 for definitions</b></p> <p><b>*Please Black out names when attaching all incident details.</b></p>				

<b>INSURANCE INFO</b>	
Please list amount of coverage applicable to the following mandatory coverage on Certificate of Insurance <i>(Forest Fire Fighting Expense Insurance is required for all Contractors)</i>	
Automobile and Non-owned Automobile ( <i>minimum \$2 million required</i> )	\$
General liability ( <i>minimum \$2 million required</i> )	\$
Forest/prairie firefighting expenses ( <i>minimum \$2 million required</i> )	\$
<b>ATTACH current insurance certificates clearly specifying the level of coverage.</b> <i>Successful bidder will be required to list ATCO Electric as a certificate holder on Certificate of Insurance.</i>	

<b>PERSONAL PROTECTIVE EQUIPMENT</b>
Please list all additional Personal Protective Equipment (PPE) that employees are required to wear.
<b>The following items are mandatory on all ATCO Electric Worksites</b> <i>Safety boots CSA Z195 Grade 1 (green triangle)</i> <i>Safety Glasses – CSA Z94.3</i> <b>Hard Hats – Lateral Impact, CSA Z94.1</b>

<b>CERTIFICATION</b>		
Does the company have a 'Certificate of Recognition' from the Alberta Partnerships Program and a certifying partner? Or an equivalent program in another province? (Please note below if you are currently working toward certification)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would the company be prepared to provide a copy of the most recent Certificate of Recognition external audit (if requested)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the company does not have a 'certificate of Recognition' has the process to obtain it been started?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Company is in the process of getting a Certificate of Recognition, please provide explanation on where in the process the company is.		

HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- <b>DRUG AND ALCOHOL/FITNESS FOR WORK POLICY</b> <i>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</i>		
Does the company have a substance abuse program that addresses employee consumption of alcohol and drugs, both on and prior to entering the worksite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company perform post incident Drug and Alcohol testing? <i>(ATCO Electric Requires all Assessed Contractors include Post Incident Testing in their Drug &amp; Alcohol Policy)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company have a Fatigue Management process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company have a process in place to support the Drug and Alcohol policy? <i>(Contract with testing facility)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Attach or Copy</b> Fitness for Work Policy (Drug, Alcohol, Fatigue Management): <ul style="list-style-type: none"> <li>• Including Post Incident Drug Testing,</li> <li>• and Testing Protocol (substances and levels tested):</li> </ul>		
HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- <b>SUBCONTRACTOR POLICY/HSE PREQUALIFICATION</b> <i>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</i>		
Are the company's subcontractors required to have a Partnerships Program 'Certificate of Recognition'? (COR) <i>(Answer with N/A if the company does not use subcontractors)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What portion of work will be performed by subcontractors?		
<b>List proposed subcontractors.</b>		
Do you have a formal screening and approval process for hiring contractors? If yes, <b>attach</b> a copy of the policy.		
HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- <b>HAZARD ASSESSMENTS</b> <i>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</i>		
<b>Attach a copy of:</b> The Company's Hazard Assessment Program <ul style="list-style-type: none"> <li>• Include a Copy of Hazard Assessment Forms <i>(Include all applicable forms including: high level hazard assessments, field level hazard assessments &amp; site Emergency Response plans)</i> <b>*Please Black out names</b></li> </ul>		

<b>HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- INCIDENT INVESTIGATION</b>		
<b>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</b>		
Are employees instructed to report all incidents and near misses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the Incident Reporting Form Capture the following? <ul style="list-style-type: none"> <li>• Corrective Actions</li> <li>• Who is responsible for the Correction Actions</li> <li>• When Corrective Actions are to be complete</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Please attach the Incident Investigation Program: Including: <ul style="list-style-type: none"> <li>- What Types of Incidents are to be reported/investigated (including Environmental Incidents)?</li> <li>- A copy of an Incident Reporting/Investigation Form</li> </ul>		
<b>HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- INSPECTION</b>		
<b>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</b>		
How Often Does the company complete the following inspections:	<b>HOW OFTEN:</b>	
Facility?		
Vehicle?		
Tools and Equipment?		
Personal Protective Equipment?		
Other		
Do the Inspection Form Capture the following? <ul style="list-style-type: none"> <li>• Corrective Actions</li> <li>• Who is responsible for the Correction Actions</li> <li>• When Corrective Actions are to be complete</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Please attach the Inspection Program: Including: <ul style="list-style-type: none"> <li>• Copies of Inspection forms (including: facility, vehicles, tools and equipment, etc.)</li> </ul> <b>*Please Black out names</b>		

HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- <b>ENVIRONMENT</b>		
<p><b>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</b></p>		
Does the Company Environment Policy Include the Following:		
Spill Response (including spill kits, and training)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Waste Management and Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wildlife/Vegetation Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b><u>Attach a copy of:</u></b> The Company's Environment Program</p> <ul style="list-style-type: none"> <li>• The Environment Program</li> <li>• Any Environment Specific Forms</li> </ul>		
HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- <b>ORIENTATION and TRAINING</b>		
<p><b>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</b></p>		
Approx. how long does new and transferred employee orientation take? _____		
Do you follow up with new and transferred employees to gauge understanding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a mentorship or Competency Assessment program for new and transferred employees? <b><u>Attach</u></b> copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><u>Does The Company have a process to track individual employee training records and training completion/expiry dates</u></b> <b><u>Attach</u></b> example <b>*Please Black out names</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b><u>Attach a copy of:</u></b> The Company's Orientation and Training Programs</p> <ul style="list-style-type: none"> <li>• The Orientation Booklet/Checklist for New Employees</li> <li>• Any Competency Assessment Forms</li> <li>• Example of Training Matrix /Tracking system (for training records) <b>*Please Black out names</b></li> </ul>		



TRAINING		
Have employees who will be performing work for ATCO Electric received training in:		
Contractor Safety Training System (CSTS) ( <b>Mandatory</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHMIS ( <b>Mandatory</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid and CPR ( <b>minimum requirement – Schedule 2, Alberta OH&amp;S Code</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trade Certification ( <b>Copies must be provided on a per job basis</b> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H2S Alive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation of Dangerous Goods (TDG)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rigging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PPE (use, maintenance, care)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Man lift/Elevated Platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fall Protection/Rescue from Elevation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ATV/UTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard assessment, recognition and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency situations (forest fires, working alone in remote areas, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bear Awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM- SAFETY MEETINGS	
<b>*If individual documents are included in the attached Company HSE Manual – Please indicate on Page 3</b>	
What process does the company use to inform employees and subcontractors about revisions to the HSE programs, practices, procedures, and rules?	
How often does the company hold HSE meetings? _____	
Who is required to lead HSE meetings?	
Who is required to attend HSE meetings?	
Does the Company have a Joint HSE committee?	<input type="checkbox"/> Yes   <input type="checkbox"/> No
If so, what groups within the company are represented?	
What methods does your company use to measure the success of its HSE Program?	
<b>Attach a copy of:</b> The Company's Safety Communication Program	
<ul style="list-style-type: none"> <li>Including a copy of a safety meeting agenda/minutes template - <b>*Please Black out names</b></li> </ul>	



<b>EXPERIENCE</b>
What percentage of your company's work is performed in the electrical utility industry?
How many years of experience does your company have working in the electrical utility industry?
<b>SAFETY LEADERSHIP</b>
Have executives and senior leaders attended safety leadership training within the last 2 years? If so, please describe the content and who attended.
How does your senior management visibly engage in safety?
Please list and describe any safety improvement initiatives currently underway in your organization.
What safety activities do you perform on the worksite? Please provide specific details as to the activity, the proposed frequency of occurrence, the person responsible for the activity, methods used to ensure the activity is completed, as well as any training provided to ensure quality completion of these activities.
Describe the safety philosophy of the organization including policy, vision, mission, goals and strategic leadership plans.
<b>Attach</b> a list the personnel that will be working on this project. Include their name, qualifications, job title and their years of experience. (Use attached template)



REFERENCES			
<b>Please fill in spaces below, and attach reference letters from the listed companies.</b>			
Company:			
Contact:		Telephone:	(     )
Describe contracted services:			

**DECLARATION**

I declare that the information provided is true and accurate to the best of my knowledge and I

Have the authority to sign this document on behalf of \_\_\_\_\_  
Insert Company Name

\_\_\_\_\_  
Print Name (Company Leader)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

SUBMIT THIS SELF-EVALUATION FORM AND ANY INQUIRES TO:  
[contractorHSEOperations@atcoelectric.com](mailto:contractorHSEOperations@atcoelectric.com)

**Print**

## **Appendix 1 DEFINITIONS:**

### **LTI (Lost Time Incident)**

Any work-related injury that causes a worker to miss at least one day of work (not including the day the injury occurred).

### **Work Days Lost**

Number of calendar days that employee missed work due to injury/occupational illness.

### **MA (Medical Aid)**

Any work-related injury that involves neither lost workdays nor restricted workdays, but which requires treatment by a physician or other medical professional. Medical Aid does not include first aid treatment, even if treatment is provided by a physician or other registered professional medical personnel.

### **RWC (Restricted Work Case)**

Any work-related injury that causes a worker to be restricted to modified duties.

### **Restricted Work Days**

Number of calendar days that employee is on a restricted working schedule due to modified duties.

### **FA (First Aid)**

Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth, which do not ordinarily require medical care by a physician. Such treatment and observation are considered first aid even if provided by a physician or other registered professional medical personnel.

### **VI (Vehicle Incident)**

Work-related driving incidents which involve a worker-used vehicle on any roadway and which result in damages to the vehicle, excluding normal wear and tear.



PROPOSED PERSONNEL

Personnel	Qualifications	Job Title	Years of experience