

CONTRACTOR PRE-QUALIFICATION FORM

**OFFICE
USE ONLY**

Company Identification:

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

2. Form of Business:
 Sole Owner Partnership Corporation

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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? _____

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5. Parent Company Information:

Parent Name: _____
 City: _____ Province / State: _____ Postal / Zip Code: _____
 Subsidiaries: _____

6. Under Current Management Since (Date:) _____

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7. Insurance Contact Information:

Title: _____ Telephone: _____ Fax: _____

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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

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Company Work History:

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

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Customer Name:		
Address & Telephone:		
Type of Work:		
Contract Value:		
Customer Contact:		

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12. Are there any judgements, claims or suits pending or outstanding against your company? Yes No

13. Have you received any regulatory (MOL, MOE, etc.) orders and/or prosecutions in the last 3 years? Yes No

14. Do you have involvement in organizations such as the Construction Safety Association, Industrial Accident Prevention Association? If yes, please name: Yes No

Safety & Health Performance:

15. Can you provide proof of Workplace Safety and Insurance? (Certificate of Clearance) Yes 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.) Yes 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? Yes No

18. Has your company ever been subjected to a Work-well Audit? If yes, what was your final score? _____ Yes No

Safety & Health Program and Procedures:

19. Do you have a written Health & Safety Policy? Yes No
 Do you have a written Safety and Health Program? Yes No
 Does the program address the following key elements?

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a) Management commitment and expectations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Employee participation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Accountabilities & responsibilities for managers, supervisors, and employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Resources for meeting safety and health requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Periodic safety and health performance appraisals for employees	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) Hazard recognition and control	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Does the program include work practices and procedures such as:		
a) Equipment Lockout and Tag-out (LOTO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Confined Space Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Fall Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Personal Protective Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Portable Electrical / Power Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) Vehicle Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g) Compressed Gas Cylinders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h) Electrical Equipment Grounding Assurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i) Powered Industrial Vehicles (Cranes, Forklifts, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
j) Housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
k) Accident / Incident Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
l) Unsafe Condition Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
m) Emergency Preparedness, including Evacuation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
n) Waste Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
o) Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	
p) Designated Substance Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Medical		
a) Do you have personnel certified in Standard Care First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Do you have an emergency plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Are First Aid Kits provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Personal Protective Equipment (PPE)		
a) Is application PPE provided for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Do you have a program to assure that PPE is inspected and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Are employees trained in PPE use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Do you have a corrective action process for addressing individual safety and health performance deficiencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Equipment & Manuals		

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a) Do you conduct inspections on operating equipment (e.g. cranes, forklifts, etc.) in compliance with regulatory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Do you maintain operating equipment in compliance with regulatory requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Do you maintain the applicable inspection and maintenance certification records for operating equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Are records available upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Subcontractors		
a) Do you use safety and health performance criteria in selection of subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Do your subcontractors have a written health and safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Do you include your subcontractors in:		
• Safety and Health Orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Safety and Health Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Audits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Safety & Health Training		
a) Do you know the regulatory safety and health training requirements for your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Have your employees received the required safety and health training and retraining?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Do you have a specific safety and health training program for supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Job Skills		
a) Have employees been trained in appropriate job skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Are employee job skills certified where required by regulation or industry standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Are certificates available upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Training Records		
a) Do you keep safety, health, and job skills training records for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Are records available upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	July 7, 2020