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| UC-horz-rgb.jpg | APPENDIX B  Contractor 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** | | **2019** | | **2018** | | | **2017** | **2016** |
| * 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? | | |  |  |  |

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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 Representative  Click or tap here to enter text. | | Title and Contact Number  Click or tap here to enter text. | Signature & Date  Click or tap here to enter text. | | | | |
| Contractor HSE Representative  Click or tap here to enter text. | | Title and Contact Number  Click or tap here to enter text. | Signature & Date  Click or tap here to enter text. | | | | |