

## Subcontractor Prequalification

We are committed to providing a healthy, safe and environmentally friendly work place for our Team Members and Subcontractors.

Our expectation is to employ Subcontractors whose management, leadership, and systems have demonstrated superior results in health, safety, and environmental performance.



### To start

Before engagement, Subcontractors must complete this Prequalification form prior to bidding for work.

Please complete and return the Subcontractor Prequalification to your Contracts Administrator with required documentation. If you have additional documentation that would support compliance, please include it with your submission.

### Then what?

The form and documentation will be reviewed and evaluated by our technical specialists based on WCB details, safety statistics, and performance.

We require confirmation and documentation supporting valid Workers Compensation coverage.

*Failure to complete and submit the form and supporting documentation will result in you being excluded from performing work with us.*

Once evaluated, a decision will be made determining the suitability of your company and included in the overall bidding.

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#### If you are approved for work with us...

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You will be contacted and required to attend Pre- Job Meetings, Start-Up Meetings, and will be Safety Orientated prior to the commencement of site activities.

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You will be made aware of all applicable Health and Safety Policies, Procedures, Regulations, and you will operate utilizing the our Health & Safety Program and all applicable forms.

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If you do not have a health and safety program, you will be orientated to our Health & Safety Program.

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You will operate under our COR.

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#### In the event of an incident

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You are required to report to us all incidents you encounter, witness or are involved with.

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If any Subcontractor is involved in an incident, we are required and responsible to report the incident to the Owner/Client.

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Should an incident occur, you are expected to conduct and/or assist with our team investigation.

Thank you for your cooperation.

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We will also ensure you are made aware of applicable Drug and Alcohol Policies which you are required to adhere to at all times while working for us.

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You are included in the Hazard Identification Process, all Tailgate Safety Meetings and Work-Site Inspections.

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At a minimum, your work hours are to be provided to us of once a Season.

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Post-job Safety Performance Reviews will be conducted for all Subcontractors.

Subcontractor Prequalification

|                                       |                  |
|---------------------------------------|------------------|
| Date:                                 | Company Contact: |
| Project # and/or description of work: |                  |

Please read and complete this document carefully. Supporting documentation must be attached.

*Note: Small sub/hired contractors unable to meet the requirements of the Subcontractor Management Plan will need to comply with Company orientation or acquire management approval to proceed with work.*

Subcontractor Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No: \_\_\_\_\_

|  |                                 |  |               |
|--|---------------------------------|--|---------------|
| Subcontractor HSE Registry/Safety Program:<br><i>(circle all that apply)</i> | <i>ISN</i>                      | <i>ComplyWorks</i>                               | <i>Avetta</i> |
|  | <i>Loss control</i>             | <i>COR</i><br><i>provide copy of certificate</i> | <i>ISO</i>    |
|  | <i>Other</i><br><i>describe</i> |  |               |

Subcontractor Company Service(s) offered: \_\_\_\_\_

Identified and anticipated jobsite hazards:

*E.g. excavation, traffic, confined space, utilities, remote work, working at heights, rigging, crane lifts, noise, silica, other (provide details)*

*If no hazards are identified, only liability insurance and WCB coverage are required. You will still need orientation or must be accompanied by a Company worker while on site.*

WCB Province of registration: \_\_\_\_\_ Account No: \_\_\_\_\_

Current WCB Clearance attached?  Yes

Comprehensive General Liability Insurance:  \$2,000,000+ coverage  Current certificate attached

Automobile Liability Insurance:  \$1,000,000+ coverage  Current certificate attached

...continued

*Rules and Work Procedures for those who work on a Company job site*

All sub/hired contractors/workers are required to:

- Receive a safety orientation and be re-orientated if returning to site after 6 months.
- Receive a Contractor Orientation.
- Provide a safe work plan for each job that has hazards. Hazards must be mitigated.
- Attend a tailgate safety meeting and sign onto it, including any Work Permit associated with the work they are performing.

The following current safety courses are required:

- WHMIS / GHS
- Specialized hazard training if required
  - (fall protection, confined space entry, working alone, respirator fit testing, hot work, excavation).
- Copies of training tickets must be provided before work commences.
- Copies of training tickets must be provided to HR/HSE for record keeping.

Preranged training must be organized with the HSE Dept., if the contractor doesn't have training ticket and needs specific hazard training to perform this work on the Company job site.

|  |                                      |                             |                           |
|--|--------------------------------------|-----------------------------|---------------------------|
| The following Policy/Procedures have been given to the subcontractor:<br><br>(circle all that apply) | <i>Working alone</i>                 | <i>Confined Space</i>       | <i>Incident reporting</i> |
|  | <i>Respirator Function Testing</i>   | <i>Record of Hot Work</i>   | <i>Safe work plan</i>     |
|  | <i>Working at Heights/Excavation</i> | <i>Hearing conservation</i> | <i>Other (Specify)</i>    |

**CERTIFICATION:**

I hereby certify that the Subcontractor meets Health & Safety Program requirements:

Signed:

Date:

Print Name:

Title/Position:

I, representing the Sub-Contracting Corporation and its workers confirm that all workers are insured and fall under applicable WCB coverage.

Further, I warrant that we understand the obligation to conduct our business in a safe manner, that all workers require the applicable provided job-site orientation prior to performing work, and that we shall comply with all relevant legislation and Company policies and procedures.

Signed:

Date:

Print Name:

Title/Position: