

46.7 SUBCONTRACTOR SAFETY PRE-QUALIFICATION FORM

GENERAL INFORMATION			
1. Subcontractor Information:			
Subcontractor Name:		Telephone Number:	
Street Address:		Fax Number:	
City:		Website Address:	
Province/State:		Postal Code/Zip:	
2. Officers			
President:			
Vice President:			
Treasurer:			
3. How many years has your organization been in business under your present firm's name?			
4. Parent Firm Name:			
City:	Province/State:	Postal Code/Zip:	
Subsidiaries:			
5. Under current management since (Date): (please enter date as mm/dd/yyyy)			
6. Contact for Insurance Information:			
Title:	Telephone:	Fax:	Email:
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
8. Worker's Compensation Account Status (Please enclose a copy of your workers compensation insurance certificate.)			
Account Number:		Industry Code:	
9. Contact for requesting bids:			
Title:	Telephone:	Fax:	Email:
10. Contractor Evaluation form completed by:			
Title:	Telephone:	Fax:	Email:

HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE

Health, Safety and Environmental Performance

Provide the following data for your firm using your record keeping forms from the past three (3) years.
If the data is not available please reply with Not Available - N/A.

Safety Performance Definitions and Guidance

- a. **Hours Worked** - Employee hours worked last three years. Please report actual scheduled total hours worked and total overtime hours worked. If actual hours worked are not available for certain individuals hours worked may be estimated. A default of 2000 hours per individual per year can be used as an estimate.
- b. **Recordable Incidents** - Recordable cases are those that involve any work-related injury or illness, including death but excluding first-aid injuries.
 - **Medical Treatment Case**
 - ◊ Treatment above first aid level – See OSHA recordkeeping guidelines.
 - **Days Away from Work Case**
 - ◊ Could not perform any work.
 - ◊ The day of the incident is not counted as a Days Away day nor day of return. Stop count when total days reach 180 or if employee leaves the firm.
 - **Restricted Work Case**
 - ◊ Could not perform routine functions associated with their permanent job.
 - ◊ The day of the incident nor day of return to regular position is not counted as a Restricted Duty day. Stop count when total restricted duty days reach 180 or if employee leaves the firm.
 - **Transferred Work Activity Case**
 - ◊ Assigned to another job on a temporary or permanent basis.
 - ◊ The day of the incident is not counted as a Restricted Duty day. Stop count when transferred days reach 180 or if employee leaves the firm.
 - **Fatality Case**
 - ◊ Employee dies from a work related injury or illness.
- d. **Motor Vehicle Incident** - Includes any event involving a motor vehicle that is owned, leased or rented by the firm that results in death, injury or property damage unless the vehicle is properly parked.

Health and Safety Incidents	2019	2018	2017
a. Workers Compensation Experience Modification Rate (EMR)			
b. Total Hours Worked			
Total Medical Treatment Cases			
Total Days Away Injury/Illnesses Cases			
Total Restricted Work Injury/Illnesses Cases			
Total Transferred Work Injury/Illnesses Cases			
Total Fatality Cases			
c. Total Recordable Cases			
c. Total Recordable Incident Rate (TRIR) $\frac{\text{Total \# Recordable Incidents} \times 200,000}{\text{Total \# Hours worked}}$			

HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE			
Health and Safety Incidents - continued	2019	2018	2017
f. Motor Vehicle Incidents (MVI) # Motor Vehicles Incidents # Kilometers/Miles driven			
g. Motor Vehicle Incident Frequency Rate (MVIFR) <u>Total # of Firm's Motor Vehicle Incidents x 1,000,000</u> Total # Kilometers/Miles driven			
Environmental Incidents	2019	2018	2017
Total # Spills to Water			
a. Petroleum Spills # spills Sheen (est. volume as 0.1 bbl. To < 1bbl. # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more			
b. Chemical Spills # spills 1 bbl./160 kg. to < 100 bbls./16,000 kg. # spills 100 bbls./16,000 or more			
Total # Spills to Land			
a. Petroleum spills # spills 1 bbl. To < 100 bbls. # spills 100 bbls. or more			
b. Chemical Spills # spills 1 bbl./160 kg. to < 50 bbls./8,000 kg # spills 50 bbls./8,000 kg. or more			
Enforcement Actions	2019	2018	2017
Citations # Health and Safety # Environmental Please provide details			
Fines Total # Fines Total \$\$ Paid Please provide details			

HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT		
Highest ranking HSE professional in the firm:		
Name/Title:	Email:	Telephone Numbers
Do you have a written Basic Safety / HSE Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your Basic Safety/HSE Program include the following?		
a. HSE Policy statement signed by management	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Management Involvement and Commitment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Hazard Identification and Risk Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Rules and Work Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Communications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Incident and Accident Reporting and Investigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the program include work practices and procedures such as?		
a. Permit to Work including Isolation of Energy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Confined Space Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Injury and Illness Recording	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Fall Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Personal Protective Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Portable Electrical/Power Tools	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Motor Vehicle/Driving Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Compressed Gas Cylinders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Electrical Equipment Grounding Assurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Powered Industrial Vehicles (Cranes, Forklifts, Etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Housekeeping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Accident/Incident Reporting and Investigations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m. Unsafe Condition Reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n. Emergency Preparedness, Including Evacuation Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o. Waste Disposal and Pollution Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>
p. Regular Workplace Inspection / Audits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Drug and Alcohol program?		
a. Pre-employment Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Reasonable Cause Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Post-rehabilitation/Return to Work Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>

HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT			
Do you have a Job Safety Analysis (JSA) process in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Root Cause Analysis process used for investigations, near misses, environmental spills?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a Management of Change (MOC) Process in place?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have programs for the following?			
a. Respiratory Protection		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Where applicable, have employees been:			
• Trained		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Fit tested		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Medically approved		Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Hazard communication/WHMIS		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Programs for potential high hazard work such as Highly Hazardous Chemicals; Explosives and Blasting Agents		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a corrective action process for addressing individual/employee safety and health performance deficiencies?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical			
a. Do you conduct medical examinations for:			
• Pre-placement Job Capability		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Pulmonary		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Respiratory		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Describe how you intend to provide first aid and other medical services while on-site.			
Do you have personnel trained to perform first aid and CPR?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective Equipment (PPE)			
a. Is applicable PPE provided for employees?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Do you have a program to assure that PPE is inspected and maintained?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
HSE Meetings			Frequency
a. Do you hold site HSE meetings for?			
• Field Supervisors		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Employees		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• New Hires		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Subcontractors		Yes <input type="checkbox"/>	No <input type="checkbox"/>

HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT			
Inspections and Audits			Frequency
a. Do you conduct internal HSE Inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Do you conduct internal HSE program audits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Are corrections or deficiencies to internal HSE program or equipment communicated and documented until closure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Equipment and Materials:			
a. Do you own or lease Equipment and Materials? If yes, please complete the following questions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with regulatory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Do you maintain operating equipment in compliance with regulatory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e. Do you maintain the applicable inspection and maintenance certification records for operating equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f. Do you document corrections or deficiencies from equipment inspections and maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Subcontractor Management			
a. Do you subcontract any work? If the answer is yes, please complete the following questions:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
b. Do you have a written contractor safety management process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Do you use HSE performance criteria in selection of subcontractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e. Do your subcontractors have a written HSE Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
f. Do you include your subcontractors in:			
• HSE Orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• HSE Meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• HSE Equipment Inspections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• HSE Program Audits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Are corrections or deficiencies documented	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

HEALTH, SAFETY AND ENVIRONMENTAL MANAGEMENT				
Employee and Trades Training				
a. Have employees been trained in appropriate job skills?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
b. Are employees' job skills certified where required by regulatory or industry consensus standards?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
c. List trades/crafts which have been certified:				
Health, Safety and Environmental Orientation	New Hires		Supervisors	
a. Do you have an HSE Orientation Program for new hires and newly hired or promoted supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Does the program provide instruction on the following:				
•New worker orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Safe Work Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Safety Supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Toolbox meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Emergency Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•First Aid Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Fire Protection and Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Safety Intervention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
•Hazard Communication/WHMIS	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health, Safety and Environmental Training				
a. Do you know the regulatory HSE training requirements for your employees?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
b. Have your employees received the required HSE training and re-training	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
c. Do you have a specific HSE training program for supervisors?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Training Records				
a. Do you have HSE and training records for your Employee's?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
b. Do the training records include the following:				
• Employee identification	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
• Date of training	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
• Name of trainer	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
• Method used to verify understanding	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
c. How do you verify understanding of training? (Check all that apply)				
<input type="checkbox"/> Written test <input type="checkbox"/> Oral test <input type="checkbox"/> Performance test <input type="checkbox"/> Job Monitoring <input type="checkbox"/> Other (List)				