



Subcontractor Safety Pre-Qualification Form

Please complete all sections of this form to be considered for pre-qualification.

1 General Information

Subcontractor Name

Telephone Number

Street Address

Fax Number

City

Website Address

Province/State

Postal Code/Zip

Officers

President

Vice President

Treasurer

How many years has your organization been in business under your present firm's name?

Under current management since (Date): (please enter date as mm/dd/yyyy)

mm/dd/yyyy



Parent Firm / Subsidiaries

Parent Firm Name

City

Province/State

Postal Code/Zip

Subsidiaries

Contacts

Highest ranking HSE professional in the firm:

Name/Title

Telephone Numbers

Email

Contact for Insurance Information

Name

Title

Telephone

Fax

Email

Contact for requesting bids

Name

Title

Telephone

Fax

Email

Contractor Evaluation form completed by:

Name

Title

Telephone

Fax

Email

Insurance

Worker's Compensation Account Status (Please enclose a copy of your workers compensation insurance certificate.)

Account Number

Industry Code

Insurance Carrier(s)

Name	Type of Coverage	Telephone

2

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

- **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.
- **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.
- **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

Incident Type	Year 3 (Most Recent)	Year 2	Year 1
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			

Incident Type	Year 3 (Most Recent)	Year 2	Year 1
c. Total Recordable Incident Rate (TRIR) (Total # Recordable Incidents x 200,000) / (Total # Hours worked)			
f. Motor Vehicle Incidents (MVI) (# Motor Vehicles Incidents / # Kilometers/Miles driven)			
g. Motor Vehicle Incident Frequency Rate (MVIFR) (Total # of Firm's Motor Vehicle Incidents x 1,000,000) / (Total # Kilometers/Miles driven)			

Environmental Incidents

Incident Type		Year 3	Year 2	Year 1
Total # Spills to Water	Petroleum Spills			
	# spills Sheen (est. volume as 0.1 bbl. To < 1bbl.)			
	# spills 1 bbl. To < 100 bbls.			
	# spills 100 bbls. or more			
	Chemical Spills			
	# spills 1 bbl./160 kg. to < 100 bbls./16,000 kg.			
	# spills 100 bbls./16,000 or more			
Total # Spills to Land	Petroleum spills			
	# spills 1 bbl. To < 100 bbls.			

Incident Type		Year 3	Year 2	Year 1
	# spills 100 bbls. or more			
	Chemical Spills			
	# spills 1 bbl./160 kg. to < 50 bbls./8,000 kg			
	# spills 50 bbls./8,000 kg. or more			

Enforcement Actions

Action Type	Year 3	Year 2	Year 1
Citations (# Health and Safety)			
Citations (# Environmental)			

Please provide details for any citations:

Fines (Total #)			
Fines (Total \$\$ Paid)			

Please provide details for any fines:

3

Health, Safety and Environmental Management

Do you have a written Basic Safety / HSE Program?

☐ Yes

☐ No

Does your Basic Safety/HSE Program include the following?

- | | | |
|---|---------------------------|--------------------------|
| • HSE Policy statement signed by management | ☐ Yes | ☐ No |
| • Management Involvement and Commitment | ☐ Yes | ☐ No |
| • Hazard Identification and Risk Control | ☐ Yes | ☐ No |
| • Rules and Work Procedures | ☐ Yes | ☐ No |
| • Training | ☐ Yes | ☐ No |
| • Communications | ☐ Yes | ☐ No |
| • Incident and Accident Reporting and Investigation | ☐ Yes | ☐ No |

Does the program include work practices and procedures such as?

- | | | | | | |
|--|---------------------------|--------------------------|---|---------------------------|--------------------------|
| • Permit to Work including Isolation of Energy | ☐ Yes | ☐ No | • Confined Space Entry | ☐ Yes | ☐ No |
| • Injury and Illness Recording | ☐ Yes | ☐ No | • Fall Protection | ☐ Yes | ☐ No |
| • Personal Protective Equipment | ☐ Yes | ☐ No | • Portable Electrical/Power Tools | ☐ Yes | ☐ No |
| • Motor Vehicle/Driving Safety | ☐ Yes | ☐ No | • Compressed Gas Cylinders | ☐ Yes | ☐ No |
| • Electrical Equipment Grounding Assurance | ☐ Yes | ☐ No | • Powered Industrial Vehicles (Cranes, Forklifts, Etc.) | ☐ Yes | ☐ No |
| • Housekeeping | ☐ Yes | ☐ No | • Accident/Incident Reporting and Investigations | ☐ Yes | ☐ No |
| • Unsafe Condition Reporting | ☐ Yes | ☐ No | • Emergency Preparedness, Including Evacuation Plan | ☐ Yes | ☐ No |
| • Waste Disposal and Pollution Prevention | ☐ Yes | ☐ No | • Regular Workplace Inspection / Audits | ☐ Yes | ☐ No |

Do you have a Drug and Alcohol program?

☐ Yes

☐ No

- | | | |
|--|---------------------------|--------------------------|
| • Pre-employment Testing | ☐ Yes | ☐ No |
| • Reasonable Cause Testing | ☐ Yes | ☐ No |
| • Post-rehabilitation/Return to Work Testing | ☐ Yes | ☐ No |

4

Programs, Procedures, and Training

Do you have a Job Safety Analysis (JSA) process in place?

☐ Yes

☐ No

Is there a Root Cause Analysis process used for investigations, near misses, environmental spills?

☐ Yes

☐ No

Is there a Management of Change (MOC) Process in place?

☐ Yes

☐ No

Do you have a corrective action process for addressing individual/employee safety and health performance deficiencies?

☐ Yes

☐ No

Do you have programs for the following?

- Respiratory Protection

☐ Yes

☐ No

Where applicable, have employees been:

- Trained
- Fit tested
- Medically approved

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

- Hazard communication/WHMIS

☐ Yes

☐ No

- Programs for potential high hazard work such as Highly Hazardous Chemicals; Explosives and Blasting Agents

☐ Yes

☐ No

Medical

- Do you conduct medical examinations for:

- Pre-placement Job Capability
- Pulmonary
- Respiratory

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

- 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

☐ No

Personal Protective Equipment (PPE)

- Is applicable PPE provided for employees? ☐ Yes ☐ No
- Do you have a program to assure that PPE is inspected and maintained? ☐ Yes ☐ No

HSE Meetings

Do you hold site HSE meetings for?

Group	Yes/No	Frequency
• Field Supervisors	☐ Y ☐ N	
• Employees	☐ Y ☐ N	
• New Hires	☐ Y ☐ N	
• Subcontractors	☐ Y ☐ N	

Inspections and Audits

Question	Yes/No	Frequency
a. Do you conduct internal HSE Inspections?	☐ Y ☐ N	
b. Do you conduct internal HSE program audits?	☐ Y ☐ N	
c. Are corrections or deficiencies to internal HSE program or equipment communicated and documented until closure?	☐ Y ☐ N	N/A

Equipment and Materials

- Do you own or lease Equipment and Materials? ☐ Yes ☐ No

If yes, please complete the following questions:

- Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment? ☐ Yes ☐ No
- Do you conduct inspections on operating equipment (e.g., cranes, forklifts) in compliance with regulatory requirements? ☐ Yes ☐ No
- Do you maintain operating equipment in compliance with regulatory requirements? ☐ Yes ☐ No
- Do you maintain the applicable inspection and maintenance certification records for operating equipment? ☐ Yes ☐ No
- Do you document corrections or deficiencies from equipment inspections and maintenance? ☐ Yes ☐ No

Subcontractor Management

- Do you subcontract any work? ☐ Yes ☐ No

If the answer is yes, please complete the following questions:

- Do you have a written contractor safety management process? ☐ Yes ☐ No
- Do you use HSE performance criteria in selection of subcontractors? ☐ Yes ☐ No
- Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process? ☐ Yes ☐ No
- Do your subcontractors have a written HSE Program? ☐ Yes ☐ No

f. Do you include your subcontractors in:

- HSE Orientation ☐ Yes ☐ No
- HSE Meetings ☐ Yes ☐ No
- HSE Equipment Inspections ☐ Yes ☐ No
- HSE Program Audits ☐ Yes ☐ No
- Are corrections or deficiencies documented? ☐ Yes ☐ No

Employee and Trades Training

- Have employees been trained in appropriate job skills? ☐ Yes ☐ No
- Are employees' job skills certified where required by regulatory or industry consensus standards? ☐ Yes ☐ No
- List trades/crafts which have been certified:

Health, Safety and Environmental Orientation

a. Do you have an HSE Orientation Program for new hires and newly hired or promoted supervisors?

New Hires: ☐ Y ☐ N
Supervisors: ☐ Y ☐ N

b. Does the program provide instruction on the following:

Instruction	New Hires	Supervisors
• New worker orientation	☐ Y ☐ N	☐ Y ☐ N
• Safe Work Practices	☐ Y ☐ N	☐ Y ☐ N
• Safety Supervision	☐ Y ☐ N	☐ Y ☐ N
• Toolbox meetings	☐ Y ☐ N	☐ Y ☐ N
• Emergency Procedures	☐ Y ☐ N	☐ Y ☐ N
• First Aid Procedures	☐ Y ☐ N	☐ Y ☐ N
• Fire Protection and Prevention	☐ Y ☐ N	☐ Y ☐ N
• Safety Intervention	☐ Y ☐ N	☐ Y ☐ N
• Hazard Communication/WHMIS	☐ Y ☐ N	☐ Y ☐ N

Health, Safety and Environmental Training

- Do you know the regulatory HSE training requirements for your employees? ☐Yes ☐No
- Have your employees received the required HSE training and re-training? ☐Yes ☐No
- Do you have a specific HSE training program for supervisors? ☐Yes ☐No

Training Records

- Do you have HSE and training records for your Employee's? ☐Yes ☐No
- Do the training records include the following:
 - Employee identification ☐Yes ☐No
 - Date of training ☐Yes ☐No
 - Name of trainer ☐Yes ☐No
 - Method used to verify understanding ☐Yes ☐No
- How do you verify understanding of training? (Check all that apply)

☐ Written test
 ☐ Oral test
 ☐ Performance test
 ☐ Job Monitoring

☐ Other (List):

5

Attestation

By signing below, the undersigned attests that the information provided in this form is true, accurate, and complete to the best of their knowledge.

Signature

Printed Name

Date