



CONTRACTOR SAFETY PREQUALIFICATION

GENERAL INFORMATION

Company Name:		Phone:	
Email Address:		Fax:	
Street Address:		City:	
Province:		Postal Code:	
Contact For	Name	Phone	Email
Primary Information:			
HSE Purposes:			

COMPANY-SPECIFIC INFORMATION

Describe all Services Performed (i.e. construction, maintenance, janitorial, equipment manufacturer/ installer, events, etc.): _____

Major jobs completed (preferably as Prime Contractor) in the Past Three Years:

Customer/Location:	Size \$:	
Type of Work:		
Customer/Location:	Size \$:	
Type of Work:		
Customer/Location:	Size \$:	
Type of Work:		

HEALTH AND SAFETY CITATIONS/INCIDENTS OF LOSS

Have you been cited, charged, issued any OHS Orders or prosecuted for any OHS non-compliance or environmental offences in the last 3 years? Yes No

If you answered 'yes', please explain: _____

Briefly explain any incidents of loss, damage or injury that resulted in lost time and/or an insurance claim and any steps taken to mitigate the cause of the loss, damage or injury: _____

HEALTH AND SAFETY PROGRAM

Do you have a written Health and Safety Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date last Updated: _____
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Does the safety program address the following key elements?

Accountabilities and Responsibilities for managers, supervisors and workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazard recognition and control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management commitment and expectations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor and employee training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health and safety orientation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right and responsibility to refuse unsafe work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety meetings and communications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident reporting and investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Process for non-compliance with safety rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worksite inspection process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Preparedness and Response?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inspection, maintenance and use of personal protective equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection and maintenance of tools and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prime Contractor requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above elements are marked 'No', please explain:	

Hazard Assessments	
Are hazard assessments performed on all worksites that identify jobsite health and safety hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do workers participate in your hazard assessment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do Supervisors participate in your hazard assessment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are controls developed and implemented in a timely fashion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are critical tasks identified within your company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above elements are marked 'No', please explain:	

Personal Protective Equipment (PPE)	
Are employees and/or subcontractors made aware of your policy and legislation for PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your employees have access to basic PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is specialized PPE accessible to your workers when required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your employees/subcontractors provided with instruction or training, as required, in the use of PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above questions are marked 'No', please explain:	

Do you hold documented Health and Safety meetings for:		
Employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency?
Field Supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency?
Supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency?
Subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency?
Does Senior Management attend/participate in health and safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If answered 'No', please explain why?

Identify Safe Work Practices and Safe Job Procedures used in your Health & Safety Program (please check all that apply):

Fall Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working at Heights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hot work (i.e. lock-out/tag-out, welding, electrical, dangerous atmospheres)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Handling and transporting hazardous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Confined Space entry and rescue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Respiratory Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hearing Protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Traffic Control (pedestrian and vehicular)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Excavations, trenching and ground disturbance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working near power lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Cranes, hoists and lifting devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mobile equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Portable Electric/Power Tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Unsafe Condition Reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Scaffolding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Temporary work platforms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Aerial Work Platforms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If any of the above elements are marked 'No', please explain:

Identify any additional Manuals, Guidelines and/or Codes of Practice used in your Health & Safety Program (check all that apply):

<input type="checkbox"/> Confined Space Entry & Rescue	<input type="checkbox"/> Chemical Management
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Craning/Rigging
<input type="checkbox"/> Ground Disturbance	<input type="checkbox"/> Asbestos Management Plan
<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Subcontractor Requirements
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Inspections and Audits:

Do you conduct health and safety inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency?
Are workers involved in the inspection process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If answered 'No', please explain why?

Do you conduct health and safety program audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency?
Are corrections of the deficiencies documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If answered 'No', please explain why?
Does Senior Management participate/review the inspection process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If answered 'No', please explain why?
Are inspection reports posted and/or communicated to appropriate employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If answered 'No', please explain why?

Investigations and Incident Reporting		
Do you have a written investigation policy and reporting procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have standardized Incident Reporting forms readily available and used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are your workers aware of your Incident Reporting process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are near-miss (or no-loss) incidents reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are recommendations and prevention/remedial action implemented in a timely manner and communicated to workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are investigative reports reviewed by management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions are marked 'No', please explain:		

Emergency Preparedness and Site-Specific Health and Safety Plan(s):		
Do you complete a Site-Specific Health and Safety Plan for each of your projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an appropriate emergency communication system available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the required number of qualified first aid personnel available onsite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have adequate first aid supplies and facilities available on your sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions are marked 'No', please explain:		

Legislation		
Do you have OHS legislation available for workers on your job sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are workers/subcontractors aware of their legislative rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If any of the above questions are marked 'No', please explain:		

HEALTH AND SAFETY TRAINING	
Is a health and safety orientation provided to new hires, to employees who return from extended leaves of absence, and to workers whose positions change duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is job-specific training provided and documented as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a system in place to measure applied knowledge that pertains to the company's health and safety orientation and is this documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this process provide instruction on:	
Company Safety Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assignment of responsibilities and accountability for safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazard Assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Work Practices and Safe Job Procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company rules (mandatory requirements and grounds for dismissal)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Protective Equipment use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of tools and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident and near miss reporting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Meetings/Toolbox Meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right and responsibility to refuse unsafe work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reporting unsafe conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have Supervisors received training in workplace inspections and their roles and responsibilities with regards to occupational health and safety? If 'No', please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the health and safety training requirement for your workers understood by this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have workers received adequate health and safety training to safely do their job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are operator's competent (i.e. experienced, licensed, certified) to operate the equipment used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your workers been trained to do the tasks they are required to do to accomplish their job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of the above questions or elements are marked 'No', please explain:	

Please check all applicable training provided to your workers and supervisors:	
<input type="checkbox"/> First Aid	<input type="checkbox"/> Confined Space Entry & Rescue
<input type="checkbox"/> Safe Trenching, Excavation & Ground Disturbance	<input type="checkbox"/> WHMIS
<input type="checkbox"/> CSTS (Construction Safety Training System)	<input type="checkbox"/> H ₂ S
<input type="checkbox"/> ESTS (Electrical Safety Training System)	<input type="checkbox"/> Prime Contractor
<input type="checkbox"/> Principles of Health & Safety Management	<input type="checkbox"/> Leadership for Safety Excellence

<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Emergency Response
<input type="checkbox"/> Hazard Management	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Asbestos Abatement	<input type="checkbox"/> Supervisory Roles and Responsibilities
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

MANDATORY DOCUMENT REQUIREMENTS

In order to achieve Preferred Contractor status with the University of Lethbridge, all documents requested below must be provided **ELECTRONICALLY** on a flash drive/memory stick along with this completed document. It is the responsibility of the applicant to provide determination of COR/SECOR equivalencies, if outside Alberta.

DESCRIPTION	ATTACHED
1. Attach a copy of your company's formal, documented Occupational Health and Safety Program Manual	<input type="checkbox"/>
2. Attach a copy of the company's current Alberta Certificate of Recognition (COR or SECOR) if applicable.	<input type="checkbox"/>
3. Attach a current 'Letter of Good Standing' from the Alberta Workers Compensation Board, including supporting documentation verifying WCB Coverage for all working company Officers, Partners and Directors. If personal WCB coverage is not in place for working company Officers, Partners and Directors, please provide confirmation for an equivalency to WCB coverage.	<input type="checkbox"/>
4. WCB Employer Report Card – please print your WCB Employer Report Card from the WCB website and submit with your application.	<input type="checkbox"/>
5. WCB Employer Premium Rate Statement - please submit rate statements for past 3 years	<input type="checkbox"/>
6. Attach a current company organization chart indicating the reporting structure of safety personnel.	<input type="checkbox"/>
7. The "University of Lethbridge's Prime Contractor Requirements" document is included for your review and knowledge only and is not required to be signed at this time. This document will be formally presented and signed when prime contractor designation is assigned by the University of Lethbridge. **It is the responsibility of the Prime Contractor to present and orientate their employees to this document <i>prior to</i> performing work at the University of Lethbridge. If your company is currently working at the University of Lethbridge and has already signed a prime contractor agreement, that agreement remains in place for the duration of the contract.	Initials Required <input type="checkbox"/>
8. Proof of Comprehensive General Liability insurance with limits of five million dollars (\$5,000,000) is required. The University of Lethbridge may request higher limits dependent upon project scope.	<input type="checkbox"/>
9. Proof of Automobile insurance with a minimum limits of two million dollars (\$2,000,000) coverage is required for private passenger and light commercial vehicles and limits of no less than five million dollars (\$5,000,000) for heavy commercial vehicles.	<input type="checkbox"/>
10. Hazard Assessments - 3 examples from past jobs (must be complete with hazards identified and appropriate controls listed).	<input type="checkbox"/>
11. Minutes of safety meetings – 3 examples from past jobs.	<input type="checkbox"/>
12. Inspections – 3 examples from past jobs.	<input type="checkbox"/>

13. Worker competency and training – provide examples of pertinent training	<input type="checkbox"/>
14. Emergency response plan – one example from past job.	<input type="checkbox"/>
15. Incident follow-up / Investigation – one example from past job.	<input type="checkbox"/>
16. Site-Specific Safety Plan – one example from past job.	<input type="checkbox"/>
17. Procedures for Working During A Pandemic	<input type="checkbox"/>

By signing this document, I confirm that I have full authority to represent the company in all matters relating to this HSE Prequalification and I verify the accuracy of the responses, statements and any additional information submitted to process this application.

Senior Management Name	Title	Signature
Health & Safety Representative	Title	Signature

Dated this _____ day of _____, 20_____.

For University of Lethbridge, Campus Safety Use Only

Date Received:

Approved - Preferred Contractor Prequalification Accepted as Submitted – minimum standards met.

Approval Pending – Additional Information Requested on _____ (describe):

Approved – Additional information received on _____ – minimum standards met.

Not Approved – Did not meet minimum safety standards (describe):

Reviewed By (please print):

Signature: