



**INTERIM REVIEW - COR/SECOR FOOD SERVICES  
CONTRACTOR PREQUALIFICATION**

**GENERAL INFORMATION**

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

**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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If applicable, please explain briefly an 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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MANDATORY DOCUMENT REQUIREMENTS**

In order to maintain 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 the company’s current Alberta Certificate of Recognition or Small Employer Certificate of Recognition (COR or SECOR).	<input type="checkbox"/>
2. Attach a copy of your (a) last COR/SECOR Audit Score/Summary Sheet, and (b) corresponding corrective actions taken.	a) <input type="checkbox"/> b) <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 – If applicable, 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. 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"/>
7. 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"/>
8. 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"/>
9. Procedures for Working During A Pandemic.	<input type="checkbox"/>
9. Have made revisions to your Health and Safety Program since the last Application, please check Yes or No. If yes, attach a summary explaining the changes made.	Yes <input type="checkbox"/> No <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 - 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:**