

Contractor Selection Criteria

Company General Information:		
Contractor Name:		
Full Address:		
Phone:	Email:	Fax:
Is your company incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years in business:	# of employees:
Liability Insurance Requirements:		
Attach a copy of your Certificate of Insurance with the expiry date.		
<input type="checkbox"/> Liability Insurance: minimum \$5 million <input type="checkbox"/> Vehicle Insurance: minimum \$1 million		
Workers Compensation Board (WCB) Information:		
Attach a WCB letter in good standing for all work locations.		
WCB Account Number:		
WCB Assigned Category:		
Safety Certification – COR or SWC (SAFE Work Certified):		
Attach a copy of your Certificate.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company COR/SECOR or SAFE Work Certified?		
If yes, date issued:		
Check the following high-risk work that will be performed, if it is not listed, specify. For each job, attach proof of job-specific safety training/safe work procedures.		
<input type="checkbox"/> Working at Heights <input type="checkbox"/> Hot Work <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Equipment Maintenance <input type="checkbox"/> Plumbing		

<input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Energized Work (Lockout/Tag out) <input type="checkbox"/> Hoist/Crane <input type="checkbox"/> Fencing <input type="checkbox"/> Rigging <input type="checkbox"/> Powered mobile equipment/forklift <input type="checkbox"/> Other: <hr/> <hr/>	
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**Safety Program Information (To be filled in ONLY if no valid COR or SWC)
 Documentation must be provided**

Does your company have a safety program in place? Does it state management’s commitment and is it signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a process in place to ensure all employees receive a formal safety orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are workers informed of their Rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you perform FLHA’s (Field Level Hazard Assessments)? If so, provide a completed copy of one.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a “serious incident” (as defined in the WSH Act and Regulations, Part 2.6) and an investigation conducted by the Workplace Safety and Health Branch in the last 5 years? Were there any charges laid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Will your company report incidents to us if they occur while working on our site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will they do so?	

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What pre-use inspections do you use on PPE, equipment, tools and materials that would be relevant to working with our company?
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Will your workers be working alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, what is your working alone or in isolation plan?

Are you prepared to abide by our company rules and meet the requirements of our internal safety and health policy at minimum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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