

**HEALTH & SAFETY REQUIREMENTS /  
VENDOR PRE-QUALIFICATION**



## HEALTH AND SAFETY CONTRACTOR PRE-QUALIFICATION

GENERAL INFORMATION			
Business Name			
Address			
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Telephone		Fax	
Email Address			
GST Number		WCB Number	
CONTACT INFORMATION			
Primary Contact Name		Title	
Telephone		Email	
Health & Safety Contact Name		Title	
Telephone		Email	
ORGANIZATION INFORMATION			
Check off the types of work your organization performs:			
<input type="checkbox"/> Inspection & Certification		<input type="checkbox"/> Non-Residential Building	
<input type="checkbox"/> Service Supplier		<input type="checkbox"/> Civil Construction	
<input type="checkbox"/> Heavy (Non-Highway) Construction		<input type="checkbox"/> Commercial Construction	
<input type="checkbox"/> Equipment Rental		<input type="checkbox"/> Mechanical	
<input type="checkbox"/> Electrical		<input type="checkbox"/> Testing	
<input type="checkbox"/> Maintenance & Repair		<input type="checkbox"/> Other _____	
SAFETY INFORMATION			
Does your Company have a current written Safety Management Program? If yes, Please provide a copy upon reward of contract.			<input type="checkbox"/> YES <input type="checkbox"/> No
Does your company have a valid and current COR/SECOR? If yes, please attach a copy.			<input type="checkbox"/> YES <input type="checkbox"/> No
Has it been Audited?	<input type="checkbox"/> YES <input type="checkbox"/> No	Date of last Audit	
COR/SECOR #		Expiry Date	
If the contracting company does not have their own safety program and policies that meet OHS requirements, they shall abide by the policies laid out by Athabasca County and shall receive a full orientation on arrival to site.			

SAFETY POLICY & PROCEDURES	
Does your company have a written Health and Safety Policy? If yes, please attach a copy.	<input type="checkbox"/> YES <input type="checkbox"/> No
Do you have a Drug and Alcohol Policy?	<input type="checkbox"/> YES <input type="checkbox"/> No
Do you have a New Hire Orientation Program?	<input type="checkbox"/> YES <input type="checkbox"/> No



## HEALTH AND SAFETY CONTRACTOR PRE-QUALIFICATION

Do you have clearly defined roles and responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Is there a systematic process for identification and control of significant hazards and risks?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Are general workplace inspections conducted regularly?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Are all personnel trained and/or supervised in the safe use of all equipment, PPE, etc.? Is there a working alone policy and are personnel trained in it?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you ensure all information regarding safe work practices/procedures are identified and distributed?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Does your company have a written procedure for incident investigation, reporting and analysis?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you have an emergency plan and/or procedure?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you have a workplace Health and Safety Committee?	<input type="checkbox"/> YES <input type="checkbox"/> No		
<b>INSURANCE INFORMATION</b>			
General Liability Insurance (2 million)	<input type="checkbox"/> YES <input type="checkbox"/> No		
<b>WCB INFORMATION</b>			
Does your company have a WCB account in good standing for all jurisdictions in which your company performs work?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Does your company have a WCB account in good standing? If yes, please attach a WCB clearance letter.	<input type="checkbox"/> YES <input type="checkbox"/> No		
<b>WCB Stats from the last 3 years</b>	<b>2023</b>	<b>2022</b>	<b>2021</b>
Employers Premium Rate			
Industry Rate			
Rate adjustment, surcharge or discount			
Number of Fatalities			
Number of Lost Time Injuries			
<b>REGULATORY COMPLIANCE</b>			
Has your company received any OH&S stop work orders and/or fines within the last three years? <i>(If yes, please provide details)</i>	<input type="checkbox"/> YES <input type="checkbox"/> No		
Are there any HSE-related judgments, claims or suits pending or outstanding against your company?	<input type="checkbox"/> YES <input type="checkbox"/> No		

<b>DECLARATION</b>	
I _____ Declare that the information provided in this document is correct and I understand the contents entirely. I also declare to fulfill the rules and regulations of Athabasca County's safety program.	
Applicant's Signature	Date



# CONTRACTOR SAFETY REQUIREMENTS

## County of Athabasca Health and Safety Policy

*Please note the following is not verbatim, but a summary.*

Athabasca County is committed to an effective Health and Safety Management System that focuses on the physical, psychological, and social well-being of its employees and the public.

Managers, Supervisors, Workers and Contractors are responsible for the County's overall safety initiatives and are required to be actively involved in all aspects of Athabasca County's Health and Safety Management System by following provincial OH&S Legislation, as well as County Policies and Procedures; this participation by everyone is necessary for the overall safety excellence the County expects.

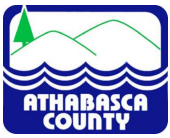
## Contractor Responsibilities

Athabasca County is committed to ensuring the health and safety of its employees and taking the necessary steps to protect persons (including workers, visitors, and the public) and property from any harm during the service contract. The Policy applies where Athabasca County contracts for the performance of work or services and where Athabasca County contracts an independent contractor/constructor to undertake a project.

1. Contractors are required to be familiar with Athabasca County's Health and Safety System and comply with all safe work practices, the OH&S Act, Code and Regulations.
2. If a contractor is deemed prime contractor, they must be responsible to comply with the Alberta OH&S Act and Regulations as well as Athabasca County Safety Policies.
3. Contractors can follow their own policies and safe work practices only if they meet or exceed that of the County.
4. Take every reasonably practicable precaution to protect the safety of their employees and sub-contractors on site.
5. Conduct regular safety meetings.
6. Assess and document hazards and the controls needed to reduce the risk for these hazards.
7. As the prime contractor you will be responsible for all subcontractors that are hired by the prime.

## Contractor Responsibilities for Safety

- All contract workers must complete the Contractor Orientation with County Health & Safety rep prior to starting work.
- Provide specific hazard assessments (SWP, JSA, FLHA), for scope of work being completed to County contact.
- Take reasonable care to protect your health and safety and the health and safety of other persons who may be affected by the acts or omissions while at work.
- Use or wear protective equipment, devices and clothing as required by the tasks you are completing and/or site requirements.
- Ensure ability to work without risk to his or her health or safety, or to the health or safety of any other person, is not impaired by alcohol, drugs or other causes.



## CONTRACTOR SAFETY REQUIREMENTS

- Maintain the premises in a way that ensures the health and safety of people working on site.
- Disclose to employer and Athabasca County the full details of any potential hazards in or around the workplace so they can be eliminated or controlled.
- Report all near misses, and incidents to your site contact.

### Occupational Health and Safety Legislation

- Athabasca County requires that all contractors are familiar with and comply with the requirements outlines in the Alberta Occupational Health and Safety Act, Regulation, and Code.
- All contractors, unless otherwise identified within your contract, must maintain their account in good standing with the Workers' Compensation Board.



CONTRACTING ORGANIZATION			
Name		Signature	
Title		Date	
APPROVAL			
Director Signature		Date	
Name			
Safety Coordinator Signature		Date	
Name			