



The Corporation of The City of Sault Ste. Marie
 99 Foster Drive, P.O. Box 580
 Sault Ste. Marie, ON. P6A 5N1
 Tel: (705) 759-5361

CONTRACTOR PREQUALIFICATION – SECTION 1

Company Name

Mailing Address

City

Province

Postal Code

Street Address
 (if different)

Phone - -

Email

Contact Name

Emergency Contact
 Name/Phone #

Phone - -

Parent Company

Phone - -

Contact Name

Website

Email

Nature of Business

Asbestos Abatement	Audio Visual	Chainsaw	Communications
Computer Electronics	Concrete	Construction (General)	Construction Materials
Consultants	Cranes/Hoisting	Demolition	Doors/Windows
Dry Wall	Electrical	Elevators	Fire/Life Safety
Floor/Ceiling	Floral Arrangements	Food/Beverage	Forklift
Furniture/Fixtures	Insulation	Janitorial/Cleaning	Landscaping/Snow
Machine Shop	Marketing	Masonry	Mechanical
Millwork/Carpentry	Office Supply/Equipment	Paint	Paving
Pest Control	Plumbing	Pool Maintenance	Roofing
Security/Surveillance	Signage	Tents	Transportation/Moving
Trucks	Waste Management	Welding	



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CONTRACTOR PREQUALIFICATION – SECTION 2

Records, Certification and Licensing

		yyyy	mm	dd
Current WSIB Clearance Certificate (expires after 90 days)	Attached	Date Certified	/	/
		Expiry Date	/	/

Independent Contractor (No firm, no expiry)

Schedule 2

Account/Independent Number Firm Number

CAD7, NEER or MAPP Statement Attached

WSIB Workplace Injury Summary Report Attached

Trade Certification / Licensing

Aerial Devices	Air Brake 'Z' Endorsement	Chainsaw Certification
Electrical	Elevated Work Platforms	Engineer's License
Extermination License	Forklift Certification	Hazardous Waste
Heating Contractor License	Hoisting Engineer	Plumbing Contractor License
Trades Qualification	Welding	Other

Liability Insurance

Insurance Company Name

Amount of Insurance
\$2,000,000 (min)

Expiry Date (yyyymmdd) / / Attached



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CONTRACTOR PREQUALIFICATION – SECTION 3

SAFETY REPORTING AND HISTORY

ACCIDENT STATISTICS/REPORTING

Indicate total number of employees (including part-time employees and management)

Do you maintain files on accident reports?	Yes	No
Do you file a WSIB FORM 7 for applicable work-related injuries or occupational diseases?	Yes	No
Do you have a modified/light duty work program?	Yes	No
Have there been any critical injuries? If yes, how many during the last five years?	Yes	No
If yes, did you report these critical injuries to the Ministry of Labour?	Yes	No
Have there been any fatalities? If yes, how many?	Yes	No

STOP WORK ORDERS

Have you received an Occupational Health and Safety Stop Work Order or equivalent from the Ministry of Labour or Labour Program Officer in the last 5 years? How many, describe:

Yes	No
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CONVICTIONS

Have you been convicted under the Occupational Health and Safety Act or the Canada Labour Code Part II in the last five years? If yes, describe:

Yes	No
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HEALTH AND SAFETY MANAGEMENT

Do you have or provide a full-time Health and Safety Professional? If yes, provide information below. If no, provide who is responsible for Health and Safety.

Yes	Name			Title
No	Telephone	-	-	



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CONTRACTOR PREQUALIFICATION – SECTION 4

HEALTH AND SAFETY

Do you have a written health and safety policy?	Attached	Yes	No	N/A
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Do you have a written safety program in place to implement policy?		Yes	No	N/A
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If yes, please attach a copy of the Table of Contents of your Health and Safety Program

Attached

Do you have a Joint Health and Safety Committee (JHSC) in place?		Yes	No	N/A
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If yes, do you hold JHSC meetings? How often?		Yes	No	N/A
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Do you record and maintain minutes of the JHSC meetings?		Yes	No	N/A
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Do you have a Health and Safety Representative in place rather than a committee?		Yes	No	N/A
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Do you hold safety meetings or “toolbox” meetings? If yes, how often?		Yes	No	N/A
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Do you maintain records of these meetings?		Yes	No	N/A
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Do you conduct workplace safety inspections? If yes, how often?		Yes	No	N/A
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TRAINING PROGRAMS: Does your company have an employee safety training program? Yes No N/A
If yes, please indicate applicable training programs (list others):

Accident Investigation	Asbestos	Chainsaw	Confined Spaces
Cranes/Hoisting	Cutting and Welding	Designated Substances	Electrical Safety
Elevated Work Platforms	Emergency Procedures	Excavation, Trenching, Digging	Explosive Fasten Tools
Fall Arrest/Restraint/Rescue	Fire Extinguisher	First Aid/CPR	Forklift
Fuel Dispensing	Housekeeping	Ladders	Lockout/Tagout
Occupational Health & Safety Act	Personal Protective Equipment	Power Line Awareness	Propane Handling
Regulations for Construction Projects	Regulations for Industrial Establishments	Rescue	Respirator
Scaffolding	Signs/Barricades	Traffic Control	Transportation of Dangerous Goods
WHMIS	Workplace Inspections	Other (Please Specify)	

Do you have a safety training program for lead hands or supervisors?		Yes	No	N/A
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If yes, does your training program include formal instruction in the following:

Accident Investigations	Emergency Procedures	Fire Protection and Prevention	First Aid Procedures
New Worker Orientation	Occupational Health & Safety Act/Regulations	Safe Work Practices	Safety Supervision
Site Supervision	Toolbox/Tailgate Meetings	Other (Please Specify)	

WORK PERMITS Do you use work permits for the following jobs?

Hot Work	Yes	No	N/A	Lockout	Yes	No	N/A
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Confined Space Entry	Yes	No	N/A	Other	Yes	No	N/A
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CONTRACTOR PREQUALIFICATION – SECTION 5

PERSONAL PROTECTIVE EQUIPMENT

Arc Flash Resistant Apparel	Yes	No	N/A	Eye and Face Protection	Yes	No	N/A
Fall Protection	Yes	No	N/A	Foot Protection	Yes	No	N/A
Hand Protection	Yes	No	N/A	Head Protection	Yes	No	N/A
Hearing Protection	Yes	No	N/A	Hi Visibility Clothing	Yes	No	N/A
Personal Flotation Devices	Yes	No	N/A	Respiratory Protection	Yes	No	N/A
Skin Protection	Yes	No	N/A	Other:			

WORKSITE SAFETY EQUIPMENT

Indicate the equipment that will be provided to enable the job to be performed safely, (List others if applicable)

Access/Egress Equipment	Yes	No	N/A	Barricades	Yes	No	N/A
Elevated Platforms	Yes	No	N/A	Guardrails	Yes	No	N/A
Lockout Devices	Yes	No	N/A	Signage	Yes	No	N/A

Other

With respect to P.P.E. and worksite safety equipment, is there a regular maintenance and inspection program in place, including onsite inspection prior to use?

Yes No N/A

OTHER EQUIPMENT

Do you conduct circle check inspections of large motorized equipment?	Yes	No	N/A
Do you conduct monthly inspections of all motorized equipment?	Yes	No	N/A
Do you conduct routine maintenance on all equipment?	Yes	No	N/A
Are operational manuals available on the job site, or on the equipment, for all motorized equipment over 10 h.p?	Yes	No	N/A
Do you have all large motorized equipment, such as cranes or forklifts certified on an annual basis?	Yes	No	N/A

SUBCONTRACTORS Do you use subcontractors? Yes No (If yes, complete below.)

Do you use health and safety criteria in selection of subcontractors?	Yes	No
Do you evaluate the ability of subcontractors to comply with applicable health and safety laws as part of your selection process?	Yes	No
Do you require your subcontractors to have a written health and safety program?	Yes	No
Do you include subcontractors in the following?	Yes	No
1. Health and Safety Orientation	Yes	No
2. Health and Safety Meetings	Yes	No
3. Health and Safety Inspections	Yes	No



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CONTRACTOR PREQUALIFICATION – SECTION 7

GENERAL SAFETY AWARENESS

Have your supervisors and workers attended a general safety awareness program presented by any of the following organizations?

ORGANIZATION	SUPERVISORS	WORKERS
Sault Safe Communities Partnership – Standardized Safety Orientation	Yes – How many? No	Yes – How many? No
Sault Ste. Marie Construction Association – Health & Safety Orientation	Yes – How many? No	Yes – How many? No
Algoma Steel	Yes – How many? No	Yes – How many? No
Ontario Lottery (OLG)	Yes – How many? No	Yes – How many? No
Arauco Flakeboard Company	Yes – How many? No	Yes – How many? No
PUC Inc	Yes – How many? No	Yes – How many? No
Brookfield Power, Hydro One (Sault Ste. Marie)	Yes – How many? No	Yes – How many? No
NORCAT – General Safety Awareness	Yes – How many? No	Yes – How many? No
Infrastructure Health & Safety Association (IHSA) – Construction Health & Safety	Yes – How many? No	Yes – How many? No



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CONTRACTOR PREQUALIFICATION – SECTION 8

DECLARATION

The undersigned hereby acknowledges and represents that the information set out in this form is accurate as of the date of signing. The undersigned agrees to notify The Corporation of The City of Sault Ste. Marie of any changes that may affect this document. Failure to do so could result in cancellation of prequalification status.

Dated at _____ this _____ day of _____, 20____

Registered Signing Authority for the Company

Title

Signature

Date

The information collected will be used by The Corporation of The City of Sault Ste. Marie solely for the purpose of assessing vendor health and safety qualifications as required to conduct business at The Corporation of The City of Sault Ste. Marie. Questions should be directed to Human Resources Department at 705-759-5361.