



Safety Qualification

| 1. GENERAL INFORMATION | | | |
|------------------------|------|------------------|-------|
| Company Name: | | Operates as: | |
| Street Address: | | Mailing Address: | |
| City: | | City: | |
| Province: | | Province: | |
| Postal Code: | | Postal Code: | |
| Bus Telephone: | | Fax: | |
| Contact Information | Name | Phone | Email |
| Primary Contact | | | |
| HSE Contact | | | |

| 2. ORGANIZATION | | | |
|--|------------------------|-----|--------------------|
| Provide the WCB Industry Code(s) and description of service(s) provided: | | | |
| Industry Code | Description of Service | | |
| | | | |
| | | | |
| Self Employed only?: | No | Yes | |
| Does your company use sub-contractors? : | No | Yes | |
| If "Yes" do your sub-contractors have their own SMS? | No | Yes | |
| Does your company hold a current ISO certification? : | No | Yes | 9001: _____ Other: |

| 3. WCB STATISTICS | | | |
|---|--------|--------|--------|
| Does your company have a WCB account(s) in good standing? | | Yes | No |
| (if yes, please attach a current WCB clearance letter addressed to the City of Fort Saskatchewan) | | | |
| WCB Stats from the last 3 years | 20____ | 20____ | 20____ |
| Employers premium rate | | | |
| Industry rate | | | |
| Rate adjustment, surcharge or discount | | | |
| Number of fatalities | | | |
| Number of Lost Time Injuries* | | | |
| *On a separate page, briefly explain any fatalities or lost times that may have been listed. | | | |
| Attach a copy of the current year WCB Employer Premium Rate Statement and the two previous years. | | | |

Company Name: _____

| 4. SAFETY MANAGEMENT SYSTEM | | | | | | | | | |
|--|-----------------------------|--|----|-----|----|------------------------------------|----|----|-----|
| Does your company have a COR or SECOR in the Province of Alberta? | | | | | | Yes | No | | |
| If "Yes": Please attach a copy of the Certificate and table of contents. A copy of the SMS will be required after approval. | | | | | | | | | |
| If "No": Does your company have an existing SMS that meets (SE)COR requirements? | | | | | | Yes | No | | |
| If "Yes": Please attach a copy of table of contents. A copy of the SMS will be required after approval | | | | | | | | | |
| If "No": Please confirm if you have any parts of a SMS: | | | | | | | | | |
| a. | Corporate Safety Policy | | No | Yes | b. | Roles and Responsibilities | | No | Yes |
| c. | Hazard Assessment Process | | No | Yes | d. | Planned Worksite Inspections | | No | Yes |
| e. | New Hire Orientation | | No | Yes | f. | Supervisor Training Program | | No | Yes |
| g. | Worker Competency Program | | No | Yes | h. | Safe Work Procedures | | No | Yes |
| i. | Safe Work Practices | | No | Yes | j. | Pre-Job meetings (safety is topic) | | No | Yes |
| k. | Environmental Practices | | No | Yes | l. | Incident investigation procedures | | No | Yes |
| m. | Emergency Response Planning | | No | Yes | n. | Reference to AB OH&S | | No | Yes |
| o. | Preventative Maintenance | | No | Yes | p. | Subcontractor Management | | No | Yes |
| Has your company ever been issued a stop work order by or from a Government regulatory agency in the last 5 years? (if yes, please provide details) | | | | | | | | | |

| 5. PROGRAM VERIFICATION | |
|---|--|
| If your company has COR, SECOR, a SMS or said yes to parts of a SMS: | |
| <ul style="list-style-type: none"> Attach a copy of the <u>completed formal hazard assessment for overall company scope of work.</u> (Not a field level or site specific hazard assessment) Provide frequency and percentage of compliance for worksite safety inspections: Frequency: _____ Compliance: _____% Provide frequency and percentage of compliance for safety meetings: Frequency: _____ Compliance: _____% If "yes" to subcontractor management in SMS, attach a copy of the subcontractor management process. | |

| 6. COMPETENCY VERIFICATION | |
|---|--|
| <ul style="list-style-type: none"> Provide business resumes or letters of experience for any project management and supervisors and include documentation to support the following: <ul style="list-style-type: none"> Education and/or certification within occupation or trade(s). This may include doctorates, degrees, diplomas, trade certifications or records of training in non-certified trades. Supervisor level safety qualifications. This may include courses from a university, college, trade school, an accredited safety association such as: <ul style="list-style-type: none"> AMHSA (Alberta Municipalities Health and Safety Association) ACSA (Alberta Construction Safety Association) Provide documentation supporting training & education of company safety representative. Provide documentation supporting training & education of designated emergency response staff. (first aid, rescue, etc) | |



Company Name: _____

Are you responding to a request for proposal? Yes No

If "Yes" cite proposal name/number: _____

By Signing this form, I declare that the information provided is complete, correct and that I understand that the City maintains the right to verify and periodically audit my safety records for compliance to Legislative and City standards: _____ **DD / MM / YYYY**

| | | |
|-----------------------|----------------------------|-----------|
| Senior Representative | Title and Telephone Number | Signature |
| Safety Representative | Title and Telephone Number | Signature |

CITY USE ONLY

Review by City of Fort Saskatchewan Health and Safety Advisor

Contractor is:

Acceptable for approved contractor list

Conditionally approved for approved contractor list. The following conditions must be met prior to work commencing:

Not acceptable for approved contractor list

List of attachments:

- Current WCB Clearance Letter addressed to the City of Fort Saskatchewan;
- WCB Premium Rate Statements for current and past two years;
- Copy of COR or SECOR certificate (if applicable);
- Copy of SMS table of contents (if applicable);
- Copy of formal hazard assessment for company scope of work;
- Subcontractor management process (if applicable);
- Copies of managerial and supervisory competencies;
- Copies of health & safety staff training & education (if applicable); and
- Copies of emergency response staff training & education.



VENDOR / PAYMENTS SETUP FORM

OFFICE USE ONLY

Vendor ID:

Date Received:

Date Processed:

GENERAL INFORMATION

| | | | |
|---|--|---|---|
| Vendor Name (as shown on Federal Tax Return): | | Alternate Name, (if applicable) (doing business as): | |
| Business Number (GST/HST) or Social Insurance Number (Individuals and Sole Proprietors Only): | | | |
| Application Type: <input type="checkbox"/> New Vendor <input type="checkbox"/> Existing Vendor | | | |
| Organization Type: | | | |
| <input type="checkbox"/> Corporation | | <input type="checkbox"/> Individual / Sole Proprietor | |
| <input type="checkbox"/> Partnership / Limited Liability Partnership | | <input type="checkbox"/> Non-Profit | |
| Contact Name: | | Title: | |
| Mailing Address: | | | |
| City: | | Province: | Postal Code: |
| Phone: | | E-mail | |
| Description of goods, services, or construction provided: | | | |
| <input type="checkbox"/> Goods / Supplies | <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Governments / Government Agencies | <input type="checkbox"/> Grant Recipients |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Other Services | <input type="checkbox"/> Performers | <input type="checkbox"/> Other |
| Name and Department of City Purchaser: | | | |
| Vendor Account (If Applicable): | | | |

PAYMENT INFORMATION

| | | |
|--|------------------------------------|---------------------|
| Payment Address (If different from above): | | |
| City: | Province: | Postal Code: |
| Contact Name: | Title: | |
| Phone: | E-mail (Remittance Advice): | |
| Preferred Payment Method: | | |
| <input type="radio"/> Procurement Card (MasterCard or Visa) <input type="radio"/> Electronic Funds Transfer (attach void cheque or bank signed letter with account information) <input type="radio"/> Other (please specify) _____ | | |
| <i>The City may accommodate requests for other payment methods on a case-by-case basis. EFT remittance advices will be sent to the email address provided above.</i> | | |



VENDOR / PAYMENTS SETUP FORM

ELECTRONIC FUNDS TRANSFER INFORMATION

New Account Information (attach void cheque or bank signed letter with account information)

| | | |
|--------------------------|-------------------------------|---------------------------------|
| Bank Name: | | |
| Branch Number (5Digits): | Institution Number (3Digits): | Account Number (Max 12 Digits): |

Previous Account Information (required for change request only)

| | | |
|--------------------------|-------------------------------|---------------------------------|
| Bank Name: | | |
| Branch Number (5Digits): | Institution Number (3Digits): | Account Number (Max 12 Digits): |

On behalf of the vendor, I hereby agree to the following:

1. The information contained in this vendor application form is accurate.
 2. The vendor will promptly notify the City of any changes to its information by submitting a new vendor application form. Applications, including changes to existing information, **may take up to 30 days to process**. If you have any questions about this letter or the requested form, please contact the Financial Services Department at 780-992-6228.
 3. The vendor will promptly return any duplicate payment, over payment, fraudulent payment or a payment made in error to the City.
 4. If banking information is provided:
 - a. the City of Fort Saskatchewan is hereby authorized to deposit payments to the bank account identified above; and
 - b. The City will not be liable for any loss occurring after the deposit has been made to the identified bank account.
- The vendor consents to receiving purchase orders, remittance advices, T4A slips, and other communications from the City by email or other electronic means. This consent may be revoked at any time by sending 30 days written notice to 10005 102 Street, Fort Saskatchewan, AB T8L 2C5, attention Vendor Administration, or by email to vendor@fortsask.ca.
- I am / we are duly authorized to sign this document on behalf of the vendor.

Name (signing officer):

Name (2nd signing officer, if applicable):

Title:

Phone:

Title:

Phone:

Signature:

Date:

Signature:

Date:

**Please return the completed form to vendor@fortsask.ca
This form may take up to 30 days to process**

The personal information being requested is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* for the purposes of administering the City of Fort Saskatchewan's payment and reporting functions in compliance with applicable federal and provincial laws. This information may also be used to evaluate the City's procurement and payment practices. If you have any questions or concerns about the collection or use, contact the FOIP Coordinator for the City of Fort Saskatchewan at 780-992-6200.