



## 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.			

<b>Company Name:</b>
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<b>4. SAFETY MANAGEMENT SYSTEM</b>			
Does your company have a COR or SECOR in the Province of Alberta?		Yes	No
If "Yes": <b>Please attach a copy of the Certificate and table of contents.</b> 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": <b>Please attach a copy of table of contents.</b> 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
c.	Hazard Assessment Process	No	Yes
e.	New Hire Orientation	No	Yes
g.	Worker Competency Program	No	Yes
i.	Safe Work Practices	No	Yes
k.	Environmental Practices	No	Yes
m.	Emergency Response Planning	No	Yes
o.	Preventative Maintenance	No	Yes
b.	Roles and Responsibilities	No	Yes
d.	Planned Worksite Inspections	No	Yes
f.	Supervisor Training Program	No	Yes
h.	Safe Work Procedures	No	Yes
j.	Pre-Job meetings (safety is topic)	No	Yes
l.	Incident investigation procedures	No	Yes
n.	Reference to AB OH&S	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? <b>(if yes, please provide details)</b>			

<b>5. PROGRAM VERIFICATION</b>
If your company has COR, SECOR, a SMS or said yes to parts of a SMS:
<ul style="list-style-type: none"> <li>• 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)</li> <li>• Provide frequency and percentage of compliance for worksite safety inspections: Frequency: _____ Compliance: _____%</li> <li>• Provide frequency and percentage of compliance for safety meetings: Frequency: _____ Compliance: _____%</li> <li>• If "yes" to subcontractor management in SMS, attach a copy of the subcontractor management process.</li> </ul>

<b>6. COMPETENCY VERIFICATION</b>
<ul style="list-style-type: none"> <li>• 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"> <li>○ 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.</li> <li>○ 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"> <li>▪ AMHSA (Alberta Municipalities Health and Safety Association)</li> <li>▪ ACSA (Alberta Construction Safety Association)</li> </ul> </li> </ul> </li> <li>• Provide documentation supporting training &amp; education of company safety representative.</li> <li>• Provide documentation supporting training &amp; education of designated emergency response staff. (first aid, rescue, etc)</li> </ul>



<b>Company Name:</b>
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Are you responding to a request for proposal?	Yes	No
If "Yes" cite proposal name/number: _____		

<b>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:</b>		_____ DD / MM / YYYY
Senior Representative	Title and Telephone Number	Signature
Safety Representative	Title and Telephone Number	Signature

<b>CITY USE ONLY</b>
<b>Review by City of Fort Saskatchewan Health and Safety Advisor</b>
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.