CITY OF FORT SASKATCHEWAN
FORTSASK.CA

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 Alberta WCB Industry Code(s) and/or description of service(s):				
Industry Code	Description of Service			
Are you Self Employed only?:		☐ No	☐ Yes	
If "No: Does your company regularly employ less than 20 workers?:		☐ No	☐ Yes	
Does your company use sub-contractors for this scope of work?:		☐ No	☐ Yes	
Does your company hold a current ISO certification? :		☐ No	☐ Yes	9001:_____Other:

3. WCB STATISTICS			
Does your company have an Alberta WCB account in good standing? ☐ Yes ☐ No Please attach a current WCB clearance letter addressed to the City of Fort Saskatchewan			
Alberta 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 (What, Why and Corrective Action).			
Attach a copy of the current year WCB Employer Premium Rate Statement and the two previous years.			

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Company Name:

4. HEALTH & SAFETY PROGRAM

Does your company hold a current COR or SECOR in the Province of Alberta? ☐ Yes ☐ No

If "No": Please identify what parts of a Health & Safety Program you have below.

*If you regularly employ less than 20 workers, you will need to submit parts (a.)(b.)(c.)

*If you regularly employ more than 20 workers, you will need to submit all parts (a - h)

*If you manage subcontractors for this scope of work, you will need to submit part (i.)

a.	Hazard Assessment & Control	☐ No ☐ Yes	f.	Orientations & Safety Meetings	☐ No ☐ Yes
b.	Training & Worker Competency	☐ No ☐ Yes	g.	Incident Reporting & Investigation	☐ No ☐ Yes
c.	Emergency Response Planning	☐ No ☐ Yes	h.	Planned Worksite Inspections	☐ No ☐ Yes
d.	Health & Safety Policy	☐ No ☐ Yes	i.	Subcontractor Management	☐ No ☐ Yes
e.	Roles and Responsibilities	☐ No ☐ Yes			

Has your company ever been issued a stop work order by a Government regulatory agency in the last 5 years? (if yes, please provide details)

5. HAZARD ASSESSMENT

If your company has COR, SECOR, or parts of a Health & Safety Program as required in section 4:

- Attach a copy of your completed scope of work hazard assessment for proposed service or project.

(field level or site specific hazard assessment will not be accepted). If your application is approved, this will be reviewed with our area or project hazard assessment during the orientation processs.

6. COMPETENCY VERIFICATION

Competency Requirements for Consultants, Project Managers, Supervisors, Service Technicians (sample) and Safety Representatives:

Currency with Professional Designation or Alberta Certified Trade
OR

a.) Letter of experience (employee work history, employment duration, scope of work and skills)

b.) Occupational training applicable to scope of work (i.e. competency assessments, on-the-job training records, designations, qualifications or certifications)

c.) Safety training applicable to tasks being performed (i.e. LSE, WHMIS, First Aid, Confined Space Entry, Fall Protection)

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 Department Director or Safety Advisor
Vendor is:
☐ Acceptable for approved vendor clearance list
☐ Conditionally approved for approved vendor clearance list. The following conditions must be met prior to work commencing:
☐ Not acceptable for approved vendor clearance list

List of attachments:

- ☐ Current WCB Clearance Letter addressed to the City of Fort Saskatchewan;
- ☐ Alberta WCB Premium Rate Statements for current and past two years;
- ☐ Copy of COR or SECOR certificate (if applicable) or safety program parts;
- ☐ Certificate of Insurance with the City added as "additional insured";
- ☐ Copy of formal hazard assessment for project scope of work;
- ☐ Subcontractor management process (if applicable);
- ☐ Copies of supervisory or sample of service technician competencies;
- ☐ Copies of health & safety staff training & education (as applicable); and
- ☐ Copies of emergency response staff training & education.