|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL/ORGANIZATION INFORMATION** | | | | | | | | |
| Company Name: | | Telephone Number: Fax Number: | | | | | | |
| Address: | | | | | | | | |
| City: | Province/State: | | | Postal/Zip Code: | | | | |
| Contractor's PQF was completed by: | | | | | | | | |
| * Describe Services Performed: | | | | | | | | |
| * Construction/ Repair (describe): | | | * General Site (describe): | | | | | |
| * Janitorial: | | | * Maintenance (describe): | | | | | |
| **ATTACH THE FOLLOWING DOCUMENTS FOR REVIEW** | | | | | | | | |
| Certificate of Insurance (COI Requirements attached for details) | | | | | | | |  |
| WCB/ WSBC Clearance Letter | | | | | | | |  |
| SDS Sheets for any items being brought onto Arpac site | | | | | | | |  |
| Employee list and key safety contacts | | | | | | | |  |
| Contractor Safety Sign off - Acknowledgement of Understanding of the Contractor Agreement | | | | | | | |  |
| **HEALTH & SAFETY PERFORMANCE** | | | | | | | | |
| From the last three years (including subcontractors): | | | | 2021 | 2020 | | 2019 | |
| Number of fatalities? | | | |  |  | |  | |
| Number of lost time accidents? | | | |  |  | |  | |
| Number of medical aid injuries? | | | |  |  | |  | |
| Number of Payroll hours: | | | |  |  | |  | |
| Do you have a modified/ RTW program? | | | | Yes | | No | | |
| Have you received OHSE orders or fines in the last three years? If yes, please provide details: | | | | Yes | | No | | |
| **TRADES/CRAFT TRAINING**  **\*\*If answered “yes” to any items below – attach the associated document for review with this prequalification.\*\*** | | | | | | | | |
| Have employees been trained in the appropriate job skills? | | | | Yes | No | | N/A | |
| Are all employees’ job skills certified, where required by regulatory or industry standards? Include certifications for those being assigned onsite as applicable. | | | | Yes | No | | N/A | |
| List trades in which you have been certified and will be used at Arpac Storage Systems  Corporation facilities/ customer sites: | | | | Yes | No | | N/A | |
| **SUBCONTRACTORS**  **\*\*If answered “yes” to any items below – attach the associated document for review with this prequalification.\*\*** | | | | | | | | |
| Do you use health and safety performance criteria in the selection of subcontractors? | | | | Yes | No | | N/A | |
| Do you evaluate the ability of subcontractors to comply with applicable? | | | | Yes | No | | N/A | |
| Health and Safety requirements as part of the selection process? | | | | Yes | No | | N/A | |
| Do your subcontractors have a written health and safety management program? | | | | Yes | No | | N/A | |
| Do you include your subcontractors in: | | | | | | | | |
| Health and Safety Orientation/ Meetings and Site Inspection? | | | | Yes | No | | N/A | |

|  |  |  |  |
| --- | --- | --- | --- |
| **HEALTH AND SAFETY PROGRAM AND PROCEDURES**  **\*\*If answered “yes” to any items below – attach the associated document for review with this prequalification. \*\*** | | | |
| Does your company have a Health and Safety Policy? If “no” is answered, or if minimum requirements are not met by your company policies, then all contractors and subcontractors will be expected to follow Arpac’s policies in their entirety. | Yes | No | N/A |
| Do you have an OHS orientation program for new hires or newly promoted supervisors? | Yes | No | N/A |
| Does your company have a written Health and Safety Management Program? | Yes | No | N/A |
| Do you conduct health and safety inspections? | Yes | No | N/A |
| Do you conduct health and safety management program audits? | Yes | No | N/A |
| Are corrections of the deficiencies documented? | Yes | No | N/A |
| Does the program include work practices, such as: | | | |
| Occupational Health & Safety Roles & Responsibilities | Yes | No | N/A |
| Lock Out / Tag Out | Yes | No | N/A |
| Confined Space Entry | Yes | No | N/A |
| Hot Work | Yes | No | N/A |
| Accident / Incident Investigation | Yes | No | N/A |
| Hazard Assessments | Yes | No | N/A |
| Unsafe Condition Reporting/ Injuries / Illness Reporting | Yes | No | N/A |
| Elevated Work / Fall Protection (scaffolds, ladders) | Yes | No | N/A |
| Personal Protective Equipment (PPE) | Yes | No | N/A |
| Electrical Safety | Yes | No | N/A |
| Powered Moving Equipment (cranes, forklifts, manlifts, etc.) | Yes | No | N/A |
| W.H.M.I.S./Hazardous materials information | Yes | No | N/A |
| TDG | Yes | No | N/A |
| Fire Protection and Prevention Equipment and materials | Yes | No | N/A |
| Do you conduct pre-use inspections on operating equipment (e.g. cranes, forklifts, manlifts, etc.) in compliance with the regulatory requirements? | Yes | No | N/A |
| Do you maintain operating equipment in compliance with manufacturer’s specifications? | Yes | No | N/A |
| Do you keep inspection and maintenance records for operating equipment? | Yes | No | N/A |
| **INFORMATION SUBMITTAL** | | | |
| **Individual to contact for clarification or additional information:**  Name: Title: Telephone: FAX: | | | |