Municipal District of Opportunity No. 17

EMERGENCY OPERATIONS & SAFETY POLICY

TITLE:	Company Pre-qualification
EFFECTIVE DATE:	APRIL 20, 2016
POLICY NUMBER:	EOP.8

A. <u>Purpose:</u>

This Policy provides a method for companies to pre-qualify for hiring or contracting with the Municipal District of Opportunity No. 17. It establishes minimum requirements that companies must meet and registers their offerings, rates and prices in advance to expedite contracting and hiring. The Policy is intended to screen out less qualified companies to mitigate the inherent risk of outsourcing by the municipality.

B. <u>Definitions:</u>

- 1. Low Risk Projects means service work that carries low risk exposure to worker safety or the environment; examples include: office work such as legal counsel, off-site consultation, information services, and design; shipping; equipment rental; and services requiring brief site visits such as audits, appraisals, and basic geotechnical studies, surveys and inspections.
- 2. Business License means a valid license to operate issued by the MD of Opportunity.
- 3. **Company** means a corporate entity, society, or person who can provide equipment or services to the MD with or without a written contract, on- or off-site in the municipality.
- 4. **COR/SECOR/TLC** means a certificate of recognition, either temporary or not, issued by a certifying partner such as the Alberta Construction Safety Association.
- 5. **Emergency** means a situation requiring immediate acquisition of equipment or services the lack of which could jeopardize MD operations or the safety or health of persons or property within the MD.
- 6. **Hire** means to engage a company for equipment or services via a written agreement or contract, a purchase order, or a call for service.
- 7. **Insurance** means liability insurance satisfactory to the MD as appropriate for the company's work for the MD.
- 8. **MD** means the Municipal District of Opportunity No. 17.
- 9. **Health, Safety, and Environment Program** means written program(s) ensuring the company can comply with Alberta's occupational health, safety and environment legislation and regulation in relation to a specific equipment or service supply project.
- 10. **WCB** means the Workers' Compensation Board of Alberta and the parallel authority in any other province.

C. General:

- 1. Nothing in this policy or in the pre-qualification process guarantees the MD will hire any company.
- 2. When hiring for low-risk projects, the MD does not require an assessment of the company's health, safety or environmental programs, practices or procedures beyond confirmation that personnel are demonstrably competent and the company uses industry standard operating procedures for the scope of work.
- 3. When hiring, the MD may, at its sole discretion, give preference to companies who have been pre-qualified through the completion of a *Company Pre-Qualification Form*.
- 4. Equipment supplied by a company must be in good working order and operators must be skilled, trained and competent.
- 5. Equipment rates specified in a company's pre-qualification registry must include costs of operator, fuel, oil, repairs, and delivery/pickup unless otherwise specified.
- 6. Labour offered in a company's pre-qualification registry must be comprised of skilled, trained, competent, and reliable personnel for the purpose.
- 7. Companies may need to supply additional information after pre-qualification in relation to specific projects, such as work-specific safe work procedures, availability, time to complete, local economic stimulus data, professional qualifications, client references, value-added offers, etc.
- 8. Companies that will require a deposit to facilitate mobilization or to demonstrate good faith on the part of the MD in the hiring offer should not include such information in the pre-qualification process.
- 9. Companies pre-qualifying for hire by the MD should be aware that while on MD sites, MD policies may apply to their employees, e.g., the *Workplace Violence and Harassment Policy*, the *Social Media and Communication Technology Use Policy*, and the *Drug & Alcohol Use Policy*. Prior to hire, the MD will provide one (1) electronic or hard copy of potentially applicable policies to the company.
- 10. Companies hired by the MD may be required to provide copies of safety records produced in the course of the work such as hazard assessments, incident reports/ investigations, staff numbers, and safety meeting minutes.

D. Emergency Hiring:

- 1. In an emergency, the MD may hire any company needed without regard to the requirements contained in this policy, if so authorized by the Chief Administrative Officer or his/her designate.
- 2. Companies hired in an emergency who lack a COR/SECOR/TLC must comply with the MD's *Health and Safety Policy* and the corresponding Program under the supervision of MD staff.

E. Minimum Contractor Qualifications:

- 1. Except in the case of low-risk projects and emergencies, the MD will hire only companies who have:
 - a. a valid COR/SECOR/TLC;
 - b. a WCB account 'in good standing';
 - c. a valid business license issued under the MD's *Business License Bylaw* or who are exempt from licensing;
 - d. business liability and/or other insurance, or a letter of commitment for insurance issued by an insurance company.

F. Administration:

- 1. Addendum A, *Company Pre-Qualification Form* is attached to this policy.
- 2. The July 13, 2011 Emergency Operations & Safety Policy EOP.8 *Certificate of Recognition (COR) Small Employer Certificate of Recognition (SECOR)* is hereby repealed.

* * *

APPROVED: April 20, 2016



Company Pre-Qualification Form

A: GENERAL INFORMATION										
Date:	e: GST No			•						
Company Name:		Phone:								
				Fa	ax:					
				E-	mail:					
Street Address:		Mailing Address:								
Province: Postal Code		Code:	Province:			Postal Code:				
	has.	Vour o		no	rated?					
How many years		Vame:	Shipany C	pe	Phone:			Email:		
Supervisor:	-	vanie.			T Hone.			Eman.		
Quote Contact:										
Health and Safe	tv [.]									
Accounting:										
Business Licen	ce In	forma	tion							
Copy of Busines	s Lice	ence A	ttached?	Y	N If no, ex	olain	:			
Workers' Comp										
Clearance Letter	r Atta	ched?	ΥN							
WCB Number: Industry Code:										
Insurance										
			erage Limit		Policy No.			Ins	surance Co.	
Commercial		\$								
Comprehensive										
General Liability										
Vehicle Liability		\$								
Commitment Let	Commitment Letter \$		NA							
Work History – Previous Jobs – Optional										
Customer Type of Project					onta	ntact Phone				

B. REGISTRY OF EQUIPMENT, GOODS, OR SERVICES OFFERED (SPECIFY RATE PER DAY/HOUR/KM, INCLUDE MAXIMUM DETAIL, ATTACH ADDITIONAL SHEETS IF NEEDED)							
Description	Model/Yr	Seri	al No.	Ra	te / per -	-	
STANDARD WARRANTY O	FFERED:						
Material:							
Labour:							
C. HEALTH, SAFETY AND	ENVIRONMENT	PROGRA		TION			
WCB Statistics							
1. Enter data from the last th	ree years:		20	20	20		
Your Industry Premium Ra	ate						
 Your industry rate Adjustn 	nent %						
Employer's Premium Rate)						
Number of Fatalities							
Number of Lost Time incid	lents (LT)						
Number of Medical Aid Inj	uries (MA)						
Number of First Aid Injurie	s						
Number of Modified Work	Injuries (MWI)						
Number of Vehicle incider	nts						
2. Has your company ever been charged, convicted, or issued a stop work order for OH&S non-compliance or an environmental offence in the last 3 years? If yes, give details:						No	

4. Does your company have a Certificate of Recognition (COR) or Small		1
Employer Certificate of Recognition (SECOR)?		
Specify Certifying Partner:		
If you answered "Yes" to Question 4, SKIP TO SECTION D .		
If you answered "No" to Question 4 but the company holds a <u>Temporar</u>	y Letter	of
Certification (TLC), complete the rest of this section:		
5. Does your program address the following key elements:	Yes	No
 Accountabilities and responsibilities for managers, supervisors, and employees? 		
 Management commitment and expectations? 		
Hazard assessment and control?		
Worksite inspections?		
 Safe work practices and procedures? 		
Training and orientation?		
 Safety meetings and communications? 		
Emergency response?		
 Incident reporting and investigation? 		
Preventative maintenance?		
Personal protective equipment?		
6. Does your company have a corrective action process for addressing		
individual health, safety and environmental performance deficiencies?		
 Does your program ensure all specialized PPE required is available? Does your program evaluate the ability of subcontractors to comply with 		
applicable health, safety, and environment requirements?		
9. If yes, are your subcontractors included in the following:		
• Audits?		
 Health, safety and environment meetings? 		
Health, safety and environment orientations?		
Inspections?		
• Do you require all subcontractors to have a written health, safety and		
environment management program?		
 Do you use health, safety and environment performance criteria in 		
evaluating your subcontractors?		
10. Does your company have applicable, documented work practices and		
procedures in place and in use that pertain to your specific work?		
11. Does your company have a substance abuse policy?		
If yes, does it include the following:Pre-employment screening??		
 Pre-employment screening?? Post-incident testing? 		
 Reasonable cause testing? 12. Does your company have written programs for the following? 		
(If not applicable enter "NA.")		
• Hearing conservation?		

				Yes	No			
• R	espiratory protection?							
	Confined space?							
• Fa								
• G								
	n t with the required h	employees, contractors, and ealth, safety, and environme						
		company provide a summar	y of worker					
	atory and competency	D ENVIRONMENT PRACT						
	ROCEDURES							
				Yes	No			
and f	ederal regulations req	gement system identify and uired for the disposal of haz	ardous waste?					
waste	e that may be encount	ve a system/program to ider tered during normal work?	-					
	3. Are all your company employees/contractors/subcontractors current with the required health, safety and environment training and retraining?							
	•	ve a system for identifying a						
		nment, health, safety, or oth						
		naterials and equipment?						
		Include the following documen	tation with this form:					
	WCB Clearance letter							
	Copies of insurance certificate or letter of commitment from an insurance company							
	Copy of COR, SECOR or TLC							
	Copy of current business licence or statement of exemption							
	An inventory of job specific work practices and procedures related to your registry							
	A copy of the high-risk procedure/JSA used by your company related to your registry							
	One (1) copy of your current safety manual/program (electronic copy preferred)							
	Additional pages det	ailing any equipment or serv	vices offered together	with rates	3			
F. SI	GNATURES: By sign	ing below you certify that the in	nformation provided abo	ve is accu	rate.			
	Company sentative Name:	Title and Telephone Number:	Signature:					
			Date:					
Company OH&S Telephone Number: Signature: Representative Name: Signature:								
			Date:					