



Supplier & Contractor Information Form

GENERAL INFORMATION

1. Company Name:		Telephone Number:	
		Fax Number:	
Street Address:		Mailing Address:	
Province:	Postal Code:	Province:	Postal Code:
3. How many years has your organization been in business under your present firm name or any previous name?			
4. Is your company a subsidiary at larger organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the name of your parent company.			
5. Under Current Management Since(Date):			
6.Contact for Requesting Bids:			
Title:	Telephone:	Fax:	
The prequalification form was completed by:			
Title:	Telephone:	Fax:	

ORGANIZATION

8. Form of Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
9.If Sole Owner, please provide name of legal owner:			
10. List Materials provided.			
11. Identify Supply Chain Warehouse(s) goods will be supplied from			
Name			
Street Name & No			
City	Province	Postal Code	Country
Phone	Fax	Email Address	
12.Describe Services Performed:			
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction Design	
<input type="checkbox"/> Original Equipment Manufacturer and Maintenance		<input type="checkbox"/> Maintenance	
<input type="checkbox"/> Manpower and Resources		<input type="checkbox"/> Project Maintenance	



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- Original Equipment Manufacture
 Service Work (e.g. Janitorial, Clerical, etc.)
 Other

13. Describe the Additional Services Performed:

14. List other types of work within the services you normally perform that you subcontract to others, including brokers:

15. Do you evaluate your subcontractor's health and safety program? Yes No

16. Have you previously worked for or done Business with Sherritt International in the last 2 years? Yes No

17. Describe any affiliations with labor organizations.

18. Annual Dollar Volume for the Past Three Years:	20____	20____	20____
	\$ _____	\$ _____	\$ _____

19. Approximate percentage of office employees based on total number of employees:

20. Approximate percentage of field employees based on total number of employees:

21. Are there any judgment, claims or suits pending or outstanding against your company?
If yes, please attach details. Yes No

22. Are you now, or have you ever been, involved in any bankruptcy or reorganization proceedings?
If yes to either of the above questions, please attach details. Yes No

HEALTH AND SAFETY PERFORMANCE

23. From the last three years (including subcontractors):	20____	20____	20____
• Total hours worked per year?			
• Number of fatalities?			
• Number of lost time incidents?			
• Number of medical aid injuries?			
• Total recordable cases per year?			
• Lost time incident frequency per year?			

24. Please list your past three years' recordable injury incidence rate (Including subcontractors):

_____,20____ _____,20____ _____,20____

$$\frac{\text{Number of Lost Time Accidents} \times 200,000}{\text{Total Employee Hours (Yearly)}}$$



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25. Please list your overall Worker's Compensation Rating for the past three years.
Please attach your company's WCB summary.
_____,20____ _____,20____ _____,20____

26. Have you received an Alberta Labour OH&S stop work order, or equivalent, from another province in the last three years? Yes No
Describe: _____

HEALTH AND SAFETY MANAGEMENT

27. Highest ranking safety professional in your organization:

Title:	Telephone:	Fax:
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28. Do you have, or provide:

- A full-time health and safety representative? Yes No
- A full-time site health and safety representative? Yes No

HEALTH AND SAFETY PROGRAM AND PRECEDURES

29. Does your company have a current Alberta COR/SECOR (Certificate Of Recognition/ Small Employer certificate of Recognition) Yes No

Please provide Alberta COR/SECOR Registration Number and Year:

30. Does your company have a written health & safety policy statement? Yes No

Please Indicate if your policy addresses the following key elements?

- Management commitment to safety Yes No
- Requirement to comply with regulatory requirements Yes No
- Manager, supervisor and employee responsibilities for safety Yes No
- The importance of good safety performance and continuous improvement Yes No
- Processes for handling exceptions or deviations from standards Yes No

31. Does your company have written standards/ programs, work practices and procedures for the following:
Please indicate which you have.

- Personal Protective Equipment (Respiratory, Hearing) Yes No
- Unsafe Condition Reporting and Hazard Identification/Control Yes No
- Fall Protection Yes No
- Equipment Lockout and Tagout (LOTO) Yes No
- Confined Space Entry Yes No
- Portable Electrical/Power Tools Yes No
- Vehicle Safety Yes No
- Mobile Safety Equipment Safety Yes No
- Compressed Gas Cylinders Yes No

32. Are your employees trained/qualified/certified and competent in the services you provide? (Including all the *selected* items above) Yes No

33. Does your company maintain training records for your employees? Yes No



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34. Are employees instructed/trained and qualified in the proper use, inspection, care and maintenance of required PPE and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Is required PPE and equipment inspected and maintained according to manufacturer's specifications and regulatory requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Do you hold regular/documented pre-job hazard assessment, safety and tool box meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Does your company have inspection and audit programs (housekeeping, compliance, work practices, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Do you have a copy of the Province of Alberta OH&S Act and Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ENVIRONMENTAL		
39. Does your company have an environmental policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Does your company have an Environmental Management System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Has your company been involved in any environmental incidents or reportable spills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No