



Contractor Health and Safety Pre- Qualification Evaluation

Revised:
July 6, 2015

Instructions: Contractors wishing to submit their work rates to Woodlands County must complete the pre-qualification and submit it back to Woodlands County when submitting their registration. Contact 780-778-8400 for all pre-qualification questions.

1. Company Information

Company Name: _____
Company Address: _____
City: _____ Province: _____
Postal Code _____
Telephone: _____ Fax: _____

Company's 24/7 Emergency Number

The signatory of this document guarantee's the trust and accuracy of all responses given herein, and is an authorized officer or agent of the company. Information submitted and completed by:

Name: _____ Signature: _____
Position: _____ Date: _____
Phone Number: _____ E-mail: _____

2. Workers' Compensation Board

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Does the company have WCB coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the company received any OHS Stop Works Order in the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the company have a Certificate of Recognition? (SECOR/MECOR/COR) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. WCB Account Number: _____ | | |
| e. Applicable Industry Code(s): | | |
| 1. _____ | | |
| 2. _____ | | |
| f. What is the company's percentage discount or surcharge for this year? | | |
| <small>Please provide, the company's current year rate statement(s) and complete the below (- Discount / + Surcharge). If you're experiencing a surcharge on your rate statements briefly explain why and list any preventative action your company has taken.</small> | | |

Year	Industry Code 1	Industry Code 2

3. Insurance

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Does the company's insurance policy meet the below criteria and the requirements stated within the contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Not less than \$1,000,000.00 in Umbrella liability | | |
| ii. Coverage for Owned and Hired motor vehicles | | |
| iii. Public and Property Damage Liability | | |
| iv. Woodlands County is named as additional insured | | |

4. Health, Safety and Environmental System

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Does the company have a written health and safety program? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the company have written safe operating procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the company have emergency response plans? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Document Submission

Attach the following documents to this pre-qualification in alignment to the questions answered above:

- WCB Clearance Letter dated within the last 30 days
- Company's Certificate of Recognition (SECOR, MECOR, COR)
- Rate statement for all applicable industry codes for the current year
- Automobile Insurance Certificate
- Commercial General Liability Insurance Certificate
- Company's Health, Safety and Environmental Manual Table of Contents
- Company's Safe Operating Procedures Manual Table of Contents
- Company's Emergency Responses Plan Manual Table of Contents
- All appropriate and health and safety certificates for on-site employees

6. Woodlands County Review

Name: _____ Date: _____

Signature: _____