

TOWN OF VEGREVILLE

Contractor Health & Safety Package



HEALTH AND SAFETY CONTRACTOR PRE-QUALIFICATION

| GENERAL INFORMATION | | | | |
|---|-------------|--------------------------|--|----|
| Business Name | | | | |
| Address | | | | |
| | | | | |
| | <i>City</i> | <i>Province</i> | <i>Postal Code</i> | |
| Telephone | | Fax | | |
| Email Address | | | | |
| GST Number | | WCB Number | | |
| Town of Vegreville Business License | YES | NO | <i>As a business, if you are operating within the limits of the Town of Vegreville for any entity other than the Town, you require a business licence.</i> | |
| Number of Employees in your organization | | | | |
| CONTACT INFORMATION | | | | |
| Primary Contact Name | | Title | | |
| Telephone | | Email | | |
| Health & Safety Contact Name | | Title | | |
| Telephone | | Email | | |
| TYPE OF COMPANY | | | | |
| Corporation | Partnership | | Individual | |
| Name of Partners/Owners | | | | |
| Name of Partners/Owners | | | | |
| Name of Partners/Owners | | | | |
| Province of Incorporation | | Date of Incorporation | | |
| ORGANIZATION INFORMATION | | | | |
| Check off the types of work your organization performs: | | | | |
| Inspection & Certification | | Non-Residential Building | | |
| Supplier | | Civil Construction | | |
| Heavy (Non-Highway Construction) | | Commercial Construction | | |
| Equipment Rental | | Mechanical | | |
| Electrical | | Testing | | |
| Maintenance & Repair | | Other | | |
| SAFETY INFORMATION | | | | |
| Does your company have a current written safety management program? If yes, please attach a copy of program/manual. | | | YES | NO |
| Does your company have an organization chart for reporting structure of safety personnel? If yes, please attach copy. | | | YES | NO |
| Does your company have a valid and current COR/SECOR? If yes, please attach a copy. | | | YES | NO |
| Has it been Audited? | YES | NO | Date of Audit | |
| Name of Auditor | | | Audit Protocol Used | |
| Audit Score | | | Expiry Date | |

HEALTH AND SAFETY CONTRACTOR PRE-QUALIFICATION

| SAFETY POLICY | | | |
|---|------|------|------|
| Does your company have a written Health and Safety Policy? If yes, please attach a copy. | YES | NO | |
| Does your company have a Drug and Alcohol Policy? | YES | NO | |
| Does your company have a New Hire Orientation Program? | YES | NO | |
| Does your company have clearly defined roles and responsibilities? | YES | NO | |
| Does your company have an established Site Safety Plan? | YES | NO | |
| Is there a systemic process for identification and control of significant hazards and risks? | YES | NO | |
| Are workers consulted and provided opportunities with input in resolution of hazards and risks? | YES | NO | |
| Are general workplace inspections conducted regularly? | YES | NO | |
| Are all personnel trained and/or supervised in the safe use of all equipment, PPE, etc.? | YES | NO | |
| Does your company have a Working Alone Policy and are all personnel trained in it? | YES | NO | |
| Does your company ensure all information regarding safe work practices/procedures are identified and distributed? | YES | NO | |
| Does your company have a written procedure for investigation, reporting, and analysis? | YES | NO | |
| Does your company have an emergency plan and/or procedure? | YES | NO | |
| Does your company have a workplace Health and Safety Committee or HS Representative? | YES | NO | |
| INSURANCE INFORMATION | | | |
| Proof of General Liability Insurance (2 Million)? Please provide insurance certificate. | YES | NO | |
| WCB INFORMATION | | | |
| Does your company have a WCB account in good standing for all jurisdictions in which your company performs work? | YES | NO | |
| Does your company have a WCB account in good standing? If yes, please attach a WCB clearance letter. | YES | NO | |
| WCB Stats from the previous 3 years | 2024 | 2023 | 2022 |
| Employee Premium Rate | | | |
| Industry Rate | | | |
| Rate adjustment, surcharge or discount | | | |
| Number of Fatalities | | | |
| Number of Lost Time Injuries | | | |
| REGULATORY COMPLIANCE | | | |
| Has your company received any Occupational Health and Safety stop work orders and/or fines within the last three (3) years? If yes, please provide details. | YES | NO | |
| COMPLETED PROJECT EXPERIENCE | | | |
| Provide three (3) specific reference to projects where your company was Prime Contractor for Safety. | | | |

HEALTH AND SAFETY CONTRACTOR PRE-QUALIFICATION

| | | |
|--|-----|------|
| Has your company received any Administrative fines? If yes, please provide details. | YES | NO |
| Has your company received any convictions? If yes, please provide details. | YES | NO |
| Are there any Health, Safety, Environment (HSE) related judgments, claims, or suits pending or outstanding against your company? | YES | NO |
| DECLARATION | | |
| I _____ declare that the information provided in this document is correct and that I understand the contents entirely. I also declare to fulfill the rules and regulations of the Town of Vegreville safety program. | | |
| Applicant's Signature | | Date |

| TOWN CONTACT | |
|--|---|
| Name of Town Contact | |
| Check off the departments that are applicable: | |
| Administration | Utilities |
| Finance | Parks, Recreation & Facilities |
| Planning & Development | Community Engagement & Economic Development |
| Public Works | FCSS |
| Municipal Services | Protective Services |

| TOWN USE ONLY – DO NOT FILL OUT | | | |
|--|-----------------------|--------------------|---------------------------------|
| Contractor is acceptable for Approved Vendor List | | | YES NO |
| Contractor has provided copies of the following documentation: | | | |
| | Safety Program/Manual | | Site Safety Plan |
| | COR/SECOR Certificate | | WCB Clearance |
| | Insurance Certificate | | Business License |
| | | | Organization Chart |
| | | | Project Experience |
| | | | Additional Supporting Documents |
| Name of Reviewer | | Reviewer Signature | |
| Title of Reviewer | | Date | |
| Manager of Protective Services Signature | | Date | |

Please read the Town of Vegreville Contractor Health & Safety Orientation carefully. After reviewing the document, you may proceed with the completion of the Town of Vegreville Contractor Health & Safety Package requirements.

Commitment to Safety

Please note the following is not verbatim of Town Policy, but a summary of key points and messages.

The Town of Vegreville has an Employee Health and Safety Policy. Overall, the policy indicates that the Town is committed to a strong safety program that protects its employees, its property and the public from accidents. However, in order for the program to succeed it requires Managers, Supervisors, Workers and Contractors to all be responsible and accountable for the overall safety initiatives.

Complete and active participation by everyone, every day, in every job is necessary for the safety excellence the municipality expects. **An injury and accident-free workplace is our goal.**

Contractor Roles & Responsibilities

- Report directly to Town Contact prior to accessing the work site.
- Follow all Town of Vegreville standards at all times while on Town properties or worksites.
- Ensure that all equipment/material supplied to the Town of Vegreville meets or exceeds applicable manufacturer's specifications, regulations and codes.
- Ensure that all controlled products supplied to the Town of Vegreville is accompanied by a corresponding Material Safety Data Sheet (MSDS) and other documentation as required by regulations.

Standards

1. Perform all work in accordance with safe work practices and your supervisor's direction.
2. Sign in/Sign out when performing work within Town facilities.
3. ALWAYS maintain good housekeeping in your work area. Clean work areas are SAFE work areas.
4. Operate all vehicles and mobile equipment in accordance with applicable laws, site rules, regulations and manufacturer's specifications.
5. Accidents, injuries, unsafe conditions and "near misses", regardless of their nature, shall be promptly reported to supervisor or manager. The Town Contact shall be informed of ALL property or equipment damage incidents
6. All worksites will be inspected routinely to remove slip, trip and fall hazards.
7. All emergency exits, firefighting and safety equipment shall be kept free and clear of obstruction.
8. Personal Protective Equipment (PPE) that is required, shall be used at all times.
9. Clothing shall be appropriate for duties being performed. Loose or frayed clothing, finger rings, dangling ties, etc. should not be worn around moving machinery or other sources of entanglement.
10. Safety harnesses and lifelines must be used where no other form of protection from falling is available, as required by provincial regulations.
11. No tool shall be used for any purpose other than that intended. All damaged or worn parts shall be promptly reported and repaired or replaced.
12. Smoking is permitted only in designated areas.
13. Running at any worksite is not permitted, except in the case of extreme emergency.

Prohibitions

Contractors are prohibited from the following while working on or Town of Vegreville property:

1. Using a cell phone while operating a Town vehicle unless a Bluetooth device is in place.
2. Possession or consumption of alcohol or illegal drugs.
3. Possession of firearms.
4. Engaging in fighting or horseplay.
5. Unlawful harassment, discrimination or workplace violence.
6. Theft, vandalism of any kind WILL NOT be tolerated.
7. Damage, disabling or interfering with safety, firefighting or first aid equipment is a **SERIOUS** violation.
8. Reckless or negligent use of Town equipment or vehicles.
9. Arriving for work or remaining at work when ability to perform the job safety is impaired.

OHS Legislation

All contractors who are retained by the Town of Vegreville shall comply with applicable Alberta legislation including, but not limited to, the *Occupational Health and Safety Act*, *Traffic Safety Act*, *Safety Codes Act*, other applicable legislation, bylaws, safe work procedures and work practices pertaining to employee and public safety.

Worker's Compensation and Insurance Coverage

Prior to commencing work for the Town of Vegreville, the contractor will provide proof of:

- Commercial general liability insurance in the amount of at least TWO MILLION (\$2,000,000) dollars per incident;
- Automobile liability in the amount of at least TWO MILLION (\$2,000,000) dollars;
- Current WCB coverage and a current certificate demonstrating that the Contractor is in good standing; and
- Any other coverage or insurance that would be required by a reasonable and prudent person with comparable risk.

Site Orientation

Prior to commencement of the project or entry of the Contractor's staff and equipment onto the project site, a pre-job orientation meeting shall be held between the Contractor and the Town Contact (or delegate) responsible for the project.

The pre-job orientation meeting will include:

- overview of the worksite;
- review of site hazards, assessments and controls;
- review of PPE requirements;
- validate any necessary training certifications;
- review of site control procedures;
- existing Emergency Response Plans (ERP), emergency procedures, muster point, and first aid personnel on site; and
- how to report incidents.

Inspections & Identification of Hazards or Unsafe Conditions

Contractors shall use a regular system of safety inspections to detect and correct hazardous conditions, safety violations, and unsafe work practices. Copies of regular inspection reports shall be maintained and made provided to the Town Contact.

In addition to regularly scheduled inspections, the Town Contact shall conduct continuous worksite surveillance taking immediate action to rectify any observed unsafe conditions or actions, whether these unsafe actions or conditions are observed firsthand or reported by the Town Contact to the Contractor.

Personal Protective Equipment

Depending upon the location within the Town that your services are contracted for, there may be site-specific personal protective equipment requirements. Contractors will discuss these PPE requirements with the Town Contact and comply with these requirements at all times.

W.H.I.M.S

If the work that you are performing requires the use of any controlled products, all applicable staff must have current W.H.I.M.S Certification and must have received site specific training/instruction on the potential hazards associated with the products you are using.

Incident Reporting/Investigation

Contractors shall have an effective incident reporting and investigation system established and shall ensure that all staff on-site are advised of the importance of prompt reporting and investigation of incidents.

If an incident or near miss is required to be investigated or reported to OHS, the Town Contact must also be advised.

Further, Contractors shall provide all incident reports to the Town Contact, regardless of whether they must be reported to OHS, including, but not limited to, the following incidents,:

- Personal injury of any kind (medical or disabling);
- Vehicle accidents or near misses;
- Spills or accidental release of products that may be potentially harmful to people or the environment;
- Fires or explosions of any kind; and
- Near misses having the potential to cause injury and/or damage.

Job Site Visitors

Visitors need to be made aware, by the Contractor, of the dangers on specific job sites and that serious injury could occur.

Contractors and the Town Contact must inform their respective visitors of ALL possible hazards, as well as provide training and proper protective equipment.

*Visitors are prohibited from job sites unless approved by the appointed Contractor or Town Contact of the site.

Working Alone

Working Alone should be avoided when possible. Contractors will be expected to provide their Working Alone procedures to the Town Contact. If the Contractor cannot provide Working Alone procedures, Contractors will be expected to adhere to the Town of Vegreville Working Alone policy and procedures.

Personal Behaviour

Contractors are responsible for ensuring that no employee or employees of any agents or sub-contractors are allowed to enter the project site while under the influence of drugs or alcohol.

Details pertaining to all projects conducted on behalf of the Town of Vegreville are considered **confidential**. Contractors and workers will not share information related to Town of Vegreville projects with the public. Confidential information may include, but is not limited to, the following:

- Names of clients and private information relating to them
- Client lists
- Planning strategies including but not limited to; strategic planning, budget planning, and preparing tenders
- Proprietary technical information
- Financial information
- Commercial arrangements which the Town may have with its agents, financial institutions, or other entities
- Employee's salaries, remuneration and other labour issues

Emergency Preparedness

Contractors will be made aware of any Emergency Response Plans (ERPs) available for Town of Vegreville facilities.

For all emergencies, call 9-1-1. Contact the Town Contact as soon as practicable.

Projects Exceeding 30 Days

Designated Site Safety Representatives of a Contractor on a Town project site shall meet with the Town Contact at least once a month to discuss any safety concerns, inspections and exchange information.

Contractors shall provide the Town Contact with a monthly summary of safety activities and incidents occurring on site. The summary should include, but is not limited to:

- Dates of safety meetings;
- Record of safety inspections conducted;
- Safety training activities conducted; and
- Any incidents occurring on-site.

Job Site Cleanup

Contractors shall be expected to leave the job site in a safe and acceptable condition when they finish their work daily.

Contractors shall be expected to clean the entire work area after they have finished the contracted work.

Health & Safety Vendor Package

Thank you for taking the time to review the Town of Vegreville Contractor Health and Safety Orientation. You may now proceed with the completion of our Health and Safety Vendor Package, which includes the Contractor Agreement, and our Health and Safety Vendor Pre-qualification Form. Once complete, please submit the package, and all corresponding documentation to Manager of Protective Services.

By signing the Contractor Agreement, you are verifying that you understand the contents of this Contractor Health & Safety Orientation and agree with the requirements. Completion of this package and signed

This Contractor Agreement **must** be completed by all contractors who perform services on any Town owned, leased, or otherwise controlled premises. **Before** the Contractor begins performance of the contracted services a signed copy of this Agreement and the following information **must** be acknowledged and documentation attached.

| | | | |
|--|-----|--------------|-----|
| Liability Insurance coverage (Minimum \$2 million) | YES | Policy # | |
| Workers Compensation coverage | YES | WCB # | |
| Workers Compensation Exempt | YES | Town Contact | |
| Town of Vegreville Business License | YES | License # | |
| I and all workers have completed and understand the Town of Vegreville's Contractor Health & Safety Orientation | | | Yes |

It is the Contractor's responsibility to notify their Town Contact if any of the above information changes.

I hereby acknowledge that it is the responsibility of the Contractor to ensure that all safety rules and good safety practices including Occupational Health & Safety Regulations and the Town of Vegreville's Health & Safety Policy are followed when working on Town owned, leased, or otherwise controlled premises. The Contractor will provide the necessary safety equipment and perform the required services in such a manner as to eliminate the cause of personal injuries and accidents. The Contractor agrees that all incidents, injuries, motor vehicle incidents, and near misses that occurred in the course of conducting work are reported to the Town Contact as soon as possible.

Contractor Agreement Acknowledgement

The Contractor Safety Agreement has been read, and its conditions are hereby accepted by the undersigned on behalf of the Contractor and its employees, agents, subcontractors, and subcontractor employees and agents.

The undersigned assumes full responsibility to inform its employees, agents, and subcontractors about this Contractor Safety Agreement, and agrees that it will conform and will have all employees, agents, and subcontractors conform with this Contractor Safety Agreement at all times while on the premises controlled by the Town. It is further understood that any person not conforming to the Contractor Safety Agreement will not be permitted to perform services on such premises.

It is further understood by the undersigned that compliance with this Contractor Safety Agreement is a continuing requirement and that in consideration of the undersigned accepting any contract to be performed on Town premises, the acceptance of and compliance with these conditions will be automatically continued from job to job for a period of one year from date the Contractor Safety Agreement was signed, unless written notice revoking such acceptance is given by the undersigned to the Town, to which this Contractor Safety Agreement was originally submitted.

The Contractor and its employees agree that during the term of this Agreement and for a period of 2 years following its termination or expiration, they shall not make any disparaging statements, whether orally or in writing, about the Town, its affiliates, employees, or representatives. This includes statements that could harm the reputation, business interests, or relationships of the Town. Mutually, the Town similarly agrees not to make disparaging statements about the Contractor during or after the term of this Agreement. Any breach of this Agreement may result in the Contractor losing the opportunity to bid/contract for future Town projects.

| CONTRACTOR | | TOWN OF VEGREVILLE | |
|--------------------------|--|--------------------------------|--|
| Business Name | | Town Contact | |
| Representative Name | | Signature | |
| Representative Signature | | Date | |
| Date | | Manager of Protective Services | |
| | | Signature | |
| | | Date | |

DECLARATION

I _____ declare that I have read and understand the parameters of the Town of Vegreville Contractor Health & Safety Package. By submitting an application, I/we agree to release and save harmless the Town of Vegreville from all claims, actions, losses, damages, expenses and costs of any nature whatsoever arising out of or related to my/our participation with the services provided. While under contract with the Town of Vegreville, I/we agree to uphold all Industry Safety Standards/Regulations. I/we agree to act in accordance with all Town of Vegreville policies/procedures, Provincial Legislated rules and regulations.

Applicant's Signature

Date

SUBMISSION INFORMATION

**Town of Vegreville
4829-50 Street
Vegreville, AB
T9C 1R7**

Email: vegtown@vegreville.com

Questions or concerns may be directed to Town of Vegreville Manager of Protective Services
780-632-7103 or by email at mnewton@vegreville.com