



CONTRACTOR HSE QUESTIONNAIRE

This document is intended to provide information on the HS&E performance of contractors who wish to perform work for ATCO Electric.

GENERAL INFORMATION			
Company Name			
Telephone Number		Fax Number	
Street Address	City	Province	Postal Code
Mailing Address	City	Province	Postal Code
Company Website			

Health, Safety & Environment (HSE) Representative:	<input type="checkbox"/> Full time HSE position
	<input type="checkbox"/> Part time HSE position
Telephone Number	Fax Number
Email Address	

Company Leader:	Title
Telephone Number	Fax Number
Email Address	

Years in Business Under Present Company Name			
Parent Company, if applicable:			
Address:			
Type of Business	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Number of Employees (including part-time):			

Contact Person at ATCO Electric	
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COMPANY INFORMATION		
Are there any judgments, claims or lawsuits pending / outstanding against the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the company received any stop work orders or compliance orders from Alberta Workplace Health and Safety, or environmental protection Orders from Alberta Environment or equivalent government agencies (federal or provincial) in the last three years? If yes, attach details and describe corrective actions taken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the company reported any injuries or accidents under Section 18 of the Alberta Occupational Health and Safety Act or equivalent requirements in other provinces in the last three years? If yes, attach details and describe corrective actions taken.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in the company been charged or convicted under any health and safety or environmental legislation (e.g., Occupational Health and Safety Act, Environmental Protection and Enhancement Act or the Fisheries Act) in the last three years? If yes, attach details and describe corrective actions taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any charges against the company and/or anyone in the company under the Alberta Traffic Safety Act & Regulations in the last three years? If yes, attach details and describe corrective actions taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any charges against the company and/or anyone in the company under the Motor Vehicle Transport Act & Regulations in the last three years? If yes, attach details and describe corrective actions taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WCB INFO		
Is the company currently in good standing with the WCB in Alberta?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach a current copy of the following: <ul style="list-style-type: none"> • Current WCB Clearance Letter • Current WCB Experience Rate Statement 		

CONTRACT SERVICES
Contractor Services Provided
Please list all work activities the company provides:

INSURANCE INFO		
Does the company currently carry a minimum of \$2,000,000 for the following types of insurance? (<i>Forest Fire Fighting Expense Insurance is required for all Contractors</i>)		
Automobile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forest/prairie fire fighting expenses (clearly stated on certificate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach current insurance certificates clearly specifying the level of coverage. Successful bidder will be required to list ATCO Electric as a certificate holder on Certificate of Insurance.		

PERSONAL PROTECTIVE EQUIPMENT
<p>The following items are mandatory on all ATCO Electric Worksites</p> <p>Safety boots CSA Z195 Grade 1 (green triangle)</p> <p>Safety Glasses – CSA Z94.3</p> <p>Hard Hats – Lateral Impact, CSA Z94.1</p>
<p>Please list all additional Personal Protective Equipment (PPE) that employees are required to wear.</p>

HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE				
ITEM	CURRENT YEAR	3 PREVIOUS YEARS		
Number of Fatalities (Provide details in a separate attachment)				
Number of Lost Time Incidents (LTI)				
Number of Work Days Lost				
Number of Medical Aid Cases (MA)				
Number of Restricted Work Cases (RWC)				
Number of Restricted Work Days				
Number of First Aid Incidents (FA)				
Total Worker Hours				
Near Miss Reports Submitted				
Number of Vehicle Incident (VI)				
Total Kilometres Driven (estimate acceptable)				
Releases of liquid pollutants to land or water that are reportable to government authorities				
Non-compliance to legislation that is reportable to government authorities				
<p>NOTE: Each incident/case should be recorded in ONE CATEGORY ONLY, according to the highest severity level applicable (e.g., if a Medical Aid case becomes a Lost Time Incident, the case must be recorded as an LTI and removed from the MA category).</p> <p>*Please see Appendix 1 for definitions</p>				



ORIENTATION		
Approx. how long does new and transferred employee orientation take? _____		
Are employees provided with an HS&E orientation booklet? Attach a copy of the orientation booklet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you follow up with new and transferred employees to gauge understanding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a mentorship program for new and transferred employees? Attach copy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TRAINING		
Have employees who will be performing work for ATCO Electric received training in:		
Contractor Safety Training System (CSTS) (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHMIS (Mandatory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid and CPR (minimum requirement – Schedule 2, Alberta OH&S Code)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trade Certification (Copies must be provided by the successful bidder)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H2S Alive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation of Dangerous Goods (TDG)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rigging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PPE (use, maintenance, care)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manlift/Elevated Platform	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fall Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ATV/UTV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard assessment, recognition and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency situations (forest fires, working alone in remote areas, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bear Awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCES			
List the major companies for which your company has provided services.			
Company:			
Contact:		Telephone:	()
Describe contracted services:			

Company:			
Contact:		Telephone:	()
Describe contracted services:			



DOCUMENTATION REQUIREMENTS

Please ensure the following supporting documentation and / or records are submitted with the completed HS&E Bid Submittal. Failure to provide the documents may result in non compliant bid.

- Incident/Orders/Charges/Conviction Details
- Current WCB Clearance Letter
- Current WCB Experience Statement
- Certificates of Insurance
- Partnerships Certificate of Recognition (COR)
- List of Proposed Personnel
- Fitness for Work Policy (Drug and Alcohol – *Including Post incident Testing and Fatigue Management*)
- Subcontractor Assessment Policy
- Environment Management Policy
- Incident Report Form
- Near Miss Report Form
- Orientation Booklet
- HSE Management System (*Safety Manual & safe work practices*)
NOTE: Provide HSE Management System in electronic format
- Field Level Risk Assessment sample (Tailboard)

DECLARATION

I declare that the information provided is true and accurate to the best of my knowledge and I have the authority to sign this document on behalf of _____.
Insert Company Name

Print Name (Company Leader)

Authorized Signature

Date

Title

SUBMIT THIS SELF-EVALUATION FORM AND ANY INQUIRES TO:
contractorsafety@atcoelectric.com

Appendix 1 DEFINITIONS:

LTI (Lost Time Incident)

Any work-related injury that causes a worker to miss at least one day of work (not including the day the injury occurred).

MA (Medical Aid)

Any work-related injury that involves neither lost workdays nor restricted workdays, but which requires treatment by a physician or other medical professional. Medical Aid does not include first aid treatment, even if treatment is provided by a physician or other registered professional medical personnel.

RWC (Restricted Work Case)

Any work-related injury that causes a worker to be restricted to modified duties.

Restricted Work Days

Number of calendar days that employee missed work due to injury/occupational illness.

FA (First Aid)

Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth, which do not ordinarily require medical care by a physician. Such treatment and observation are considered first aid even if provided by a physician or other registered professional medical personnel.

VI (Vehicle Incident)

Work-related driving incidents which involve a worker-used vehicle on any roadway and which result in damages to the vehicle, excluding normal wear and tear.

