

Westlock County
HEALTH AND SAFETY WORK SITE PARTIES



PRE-QUALIFICATION



Westlock County is committed to maintaining a physically and psychologically safe and healthy work environment for all employees, contractors, service providers, and volunteers. All contractors working for the County are required to understand and comply with applicable safety legislation, regulations, approvals, and permitting processes, including but not limited to Alberta OHS, Alberta Transportation requirements, AMVIR, POPA, and any other legislation relevant to the scope of work being performed.

Contractors are responsible for knowing which laws, regulations, codes, approvals, or permits apply to their work and for ensuring that all requirements are met. All mandatory documentation must be submitted to Westlock County for validation prior to commencing work.

All employees, contractors, subcontractors, service providers, and volunteers must review and sign the County's Health and Safety Orientation, which outlines expectations for physical and psychological health and safety. Everyone involved in County operations is expected to perform work in a manner that protects themselves, their coworkers, County representatives, visitors, the public, and the environment.

The County manages contractor activities through ongoing monitoring to support strong health and safety performance. Westlock County reserves the right to conduct random site inspections and request copies of required safety documentation at any time (e.g., hazard assessments, toolbox talks, certifications, equipment maintenance records, and qualifications of all personnel performing work). A post-project evaluation may also be completed by the appropriate County project manager.

Contractor Management applies to contractors engaged in construction, maintenance, or any other work occurring in or around County facilities, infrastructure, or lands, and to those bound by a contract with the County to direct workers at a work site. Covered activities include, but are not limited to:

- County property or equipment
- Earth work
- Road construction and maintenance
- Utilities and lagoon operations
- Landscaping, lawn care, cemeteries, playgrounds, and recreational areas
- Building construction and maintenance
- Bridge work
- Stormwater pond operations
- Concrete and asphalt work
- Mechanical, electrical, plumbing, and gas/fuel storage activities

Westlock County collects personal information for contractor pre-qualification, health and safety verification, transportation compliance, contract administration, and the protection of workers, the public, and the environment. The Health and Safety Manager is the designated Contact Person (CP) authorized to request and receive Standard Driver Abstracts (SDA), Commercial Driver Abstracts (CDA), and motor vehicle registration information under the Access to Motor Vehicle Information Regulation (AMVIR).

The information you provide is collected under the authority of the Access to Information Act and Part 1, Section 4, of the Protection of Privacy Act. The information you provide may be entered into a computerized automated system to generate content or make decisions, recommendations or predictions and will be used only for the purpose for which the information was collected. If you have any questions about the collection, use, and disclosure of information, please contact the Access to Information and Protection of Privacy Coordinator of Westlock County.

While the Act provides individuals with the right of access to records in the County's custody or control, it also includes provisions that protect third-party business information and personal privacy where disclosure would result in harm or constitute an unreasonable invasion of privacy.

Personal information collected through this process is authorized under the ATIA and POPA and is necessary for the purpose of engaging the services of the Contractor.



WORK SITE PARTY HEALTH AND SAFETY PRE-QUALIFICATION

Contractors must submit all applicable documents relevant to their scope of work. Not all sections will apply.

“For the purpose of this package, ‘contractor’ corresponds to the legislated term contracting employer under the OHS Act (s.1(f), s.8).”

PART 1 GENERAL INFORMATION					
Legal Business Name					
Address					
City		Province		Postal Code	
Telephone				Fax	
Email Address					
GST Number				Best Contact Number	
CONTACT INFORMATION					
Primary Contact				Title	
Telephone				Email	
Health & Safety Contact Name				Title	
Telephone				Email	
TYPE OF WORK SITE PARTY					
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual	
<input type="checkbox"/> Owner		<input type="checkbox"/> Employer		<input type="checkbox"/> Contracting Employer	
<input type="checkbox"/> Prime Contractor					
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.					
<input type="checkbox"/>	Inspection & Certification		<input type="checkbox"/>	Non-Residential Building	
<input type="checkbox"/>	Supplier		<input type="checkbox"/>	Civil Construction/Commercial Construction	
<input type="checkbox"/>	Building & Repair of County Roads		<input type="checkbox"/>	Heavy Equipment Operators	
<input type="checkbox"/>	Trades		<input type="checkbox"/>	Mechanical	
<input type="checkbox"/>	Electrical		<input type="checkbox"/>	Testing	
<input type="checkbox"/>	Maintenance & Repair		<input type="checkbox"/>	Other (Provide)	

Subcontractors may be required to submit their own pre-qualification documentation upon request.

List of Workers and/or Sub-Contractors applicable to scope of work:		



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PART 2 REGULATORY COMPLIANCE – PRE-QUALIFICATION DOCUMENTS		
Check and supply all that apply to the scope of work		
<input type="checkbox"/> WCB - <i>attach clearance letter</i>	WCB Account #:	
<input type="checkbox"/> COR/Secor/SFC Certification - <i>attach</i>	COR Certification #:	
<input type="checkbox"/> Certificate of Insurance - Westlock County Named and additionally insured; minimum \$2,000,000 per occurrence Min. 2 Mil – <i>attach a copy</i>		
Insurance Provider Name		Expiry Date
Has your company received any OHS stop work orders and / or fines within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below.		
Has your company received any Administration fines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below.		
Has your company received any convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below.		
Are there any HSE-related judgements, claims or suits pending or outstanding against your company <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below.		

PART 3 HEALTH AND SAFETY MANAGEMENT SYSTEM (HSMS)	
Does your company have a current written Health and Safety Management System (HSMS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PART 3 HSMS QUESTIONS	
All “Yes” answers – provide supporting documentation applicable to the contracted work	
Does your company have a written Health and Safety Policy? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Drug and Alcohol Policy? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a New Hire Orientation Program? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have clearly defined Roles and Responsibilities? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a systematic process for identification and control of significant hazards and risks? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a maintenance policy, procedure and checklist for all PME equipment? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all personnel trained and/or supervised in the safe use of all equipment, PPE, etc.? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a working alone policy and are personnel trained in it? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you ensure all information regarding safe work practices/procedures are identified and distributed? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written procedure for investigation, reporting, and analysis? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency plan and/or procedure (site specific)? <i>supply</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No



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PART 4 TECHNICAL QUALIFICATIONS/REFERENCES

Years of experience in relevant services?	
2-4 Examples of past projects (include client, scope and date)	
Provide at least two references for similar work (preferably municipal)	
Company:	Contact:
Phone:	Email:
Type of work:	
Company:	Contact:
Phone:	Email:
Type of work:	

Provide the following validation documentation **relevant to scope of work**:

<input type="checkbox"/> Standard First Aid w/CPR	<input type="checkbox"/> Fall Protection
<input type="checkbox"/> Equipment Training & Competency	<input type="checkbox"/> Other
<input type="checkbox"/> WHMIS 2015	<input type="checkbox"/> Driver's License, Registration, Insurance (for all appl.)
<input type="checkbox"/> Trade Certificate	<input type="checkbox"/> Evidence of equipment inspection and maintenance records
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Previous completed Tool Box Meeting
<input type="checkbox"/> Ground Disturbance	<input type="checkbox"/> Previously Completed Hazard Identification (<i>OHS Code Part 2, s.7-10</i>)

Prime Contractor Capability — Only If Applicable (RFP/Tender/Construction) *OHS Act s.10*

<input type="checkbox"/> Company OHS Coordination Checklist	<input type="checkbox"/> Orientation Process for all workers/subs
<input type="checkbox"/> Site-Specific Emergency Response Plan	<input type="checkbox"/> Subcontractor Competency & Monitoring Process
<input type="checkbox"/> System for coordinating multiple employers	<input type="checkbox"/> Site-specific hazard assessment process (<i>OHS Code Part 2, s.7-10</i>)

PART 5 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 Westlock County safety programs and OHS legislation.

Applicant's Signature		Date	
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WESTLOCK COUNTY CONTACT FOR WORK SITE PARTIES

Name of Westlock County Contact: _____

Check the department(s) that are applicable for your services:

<input type="checkbox"/> Administration	<input type="checkbox"/> Planning & Development Services
<input type="checkbox"/> Utility Services	<input type="checkbox"/> Protective Services
<input type="checkbox"/> Corporate Services	<input type="checkbox"/> Infrastructure Services
<input type="checkbox"/> Agricultural Service Board	<input type="checkbox"/> Recreation and Community Services
<input type="checkbox"/> Enforcement Services	<input type="checkbox"/> Municipal Energy Management

Westlock County understands that smaller or self-employed contractors may not be required to maintain a formal HSMS under Alberta OHS. Even so, all contractors must demonstrate their ability to work safely by providing documentation that meets legislative requirements. Contractors without a full HSMS can satisfy this requirement by submitting relevant safe work procedures, hazard assessments, proof of training, and any project-specific controls appropriate to the scope of work.

Contracted Employers shall manage all information, including personal information, in compliance with the Access to Information Act (ATIA) and the Protection of Privacy Act (POPA) as an agent under contract with Westlock County. Specifics on confidentiality, access to information, and protection of privacy requirements apply to all services rendered by the Contractor and any sub-contractors engaged by the Contractor, the details of which are outlined in the Contractor Package once the contract is awarded.

WESTLOCK COUNTY USE ONLY - DO NOT COMPLETE THIS SECTION

Pre-Qualification Criteria for Evaluation

Contractor Has Provided Copies of the Following Documents:

<input type="checkbox"/> Insurance Certificate	<input type="checkbox"/> COR/Secor/SFC Certificate	<input type="checkbox"/> WCB Clearance
<input type="checkbox"/> Safety Program Documentation	<input type="checkbox"/> Prime Contractor Requirements	<input type="checkbox"/> Worker/Supervisor/Sub Info
<input type="checkbox"/> Driver/Vehicle Compliance Requirements	<input type="checkbox"/> Equipment, Machinery & Tools	<input type="checkbox"/> Past Performance Criteria

Manager/Director's Signature		Date	
Health & Safety's Signature		Date	

Based on the documentation submitted, the contractor appears to meet Westlock County's contractor management requirements and all applicable legislative obligations. Approval is granted to proceed, pending ongoing performance verification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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