
Thunder Bay Hydro invites interested Contractors to respond to this request for prequalification. The information requested in this document will allow Thunder Bay Hydro to assess the capacity, skill and experience of the respondent.

Please ensure that all requested documentation or information is submitted with the prequalification package by the date and time specified. If required, the respondent may supplement information requested with additional sheets.

The Contractor selected for award of contract shall provide Thunder Bay Hydro; twenty-one (21) calendar days prior to the scheduled job start date and to the satisfaction of Thunder Bay Hydro, the names of the employees who will be dedicated to this job; their training documentation; vehicle and equipment information/documentation to be dedicated to this job; and required general liability insurance; as outlined under ADDITIONAL INFORMATION in this document – pages 6 & 7. ***THIS CAN BE SUPPLIED AT THE TIME OF PREQUALIFICATION IF AVAILABLE.***

Further, during the contract term, it is the responsibility of the successful Contractor to provide to Thunder Bay Hydro, in writing, ANY AND ALL CHANGES to information supplied.

Thunder Bay Hydro, at its sole discretion, reserves the right to disqualify any prequalification submission that does not comply with the requirements as noted in this prequalification document.

Late submissions will not be accepted or considered.

SCOPE OF WORK:

Briefly, the work will include, but not necessarily be limited to the following:

SPECIFIC TO THE JOB.

FIRM PROFILE:

(PLEASE PRINT)

Company:	
Address:	
Tel. #:	Fax #:
Contact Name:	Title:
If Corporation, Date Established:	Province:
If Registered, Date Established:	Province:
If Partnership, Date Established:	Province:
If Firm owned by Individual, Date Established:	Province:
Names, titles and addresses of firm officers, partners, individual owner:	
Financial References:	
Bank:	
Contact Name:	Tel. #:
Bonding Company:	
Contact Name:	Tel. #:

WORK EXPERIENCE:

Please provide details of your Company's work experience in – **SPECIFIC TO THE JOB**, as outlined below:

1. Number of years your company has been engaged in – **SPECIFIC TO THE JOB**. Thunder Bay Hydro requires a minimum of **XXXXX** years experience for this type of work.

<input type="checkbox"/> X - 5 years <input type="checkbox"/> 5 - 10 years <input type="checkbox"/> 10 years or more	Comments: _____ _____ _____
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2. Number of contracts that your company has completed for – **SPECIFIC TO THE JOB**:

Past twelve (12) months (approx.):		Comments: _____ _____
Past thirty six (36) months (approx.):		Comments: _____ _____

3. Please **attach** documentation of 2 contracts – **similar in scope to this project** – completed within the past 24 months, at least one of which was completed in the past 12 months

REFERENCES:

Please provide at least three references, from businesses or individuals for which – **SPECIFIC TO THE JOB**, were completed in the past. In each case, please indicate the date and duration of the work. Please provide contact names and telephone numbers.

COMPANY	PROJECT DATE AND DURATION	CONTACT NAME	TELEPHONE #

QUALIFICATIONS:

1. Please indicate the number of currently employed workers at your company:

	Full time
	Part time

2. Please indicate the status of workers to be used for – ***SPECIFIC TO THE JOB:***

- | | |
|--|-----------------|
| <input type="checkbox"/> Subcontractor | Comments: _____ |
| <input type="checkbox"/> Contract Employee | _____ |
| <input type="checkbox"/> Company Employee | _____ |

IF APPLICABLE, ALL SUBCONTRACTORS MUST ALSO PROVIDE A COMPLETED COPY OF THIS PREQUALIFICATION

3. Please indicate the average experience of workers used for – ***SPECIFIC TO THE JOB.***
Thunder Bay Hydro requires a minimum of one (1) year of experience:

- | | |
|---|-----------------|
| <input type="checkbox"/> 1 - 5 years | Comments: _____ |
| <input type="checkbox"/> 6 - 10 years | _____ |
| <input type="checkbox"/> More than 10 years | _____ |

4. Name the Health and Safety Association which your firm is currently a member of:

COMPANY SAFETY POLICY AND PROGRAM:

Under the Ontario Occupational Health & Safety Act, employers must have:

- A written occupational health and safety policy that is reviewed annually and a program to implement the policy, if there are 6 or more workers regularly employed in a workplace.
- A *joint health and safety committee*, if there are **20** or more workers regularly employed at a workplace; or
- A *health and safety representative* (selected by the workers) if there are more than **5** workers regularly employed at a workplace or construction project

Please **document**, your company activities in the following areas:

1. **Attach a copy** Occupational Health and Safety Policy, relevant procedures, **and an outline of the Health & Safety supporting programs:**

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2. **Attach a copy** of your firm's incident reporting document and the respective procedure outlining how and under what circumstances incidents are reported.

3. If you have 20 or more employees,
 - Attach a copy of minutes from the last three Joint Health & Safety Committee meetings.

If you have less than 20 employees, provide the name and position of the worker health and safety representative (note that this person cannot be in management):

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4. Personal protective equipment used for – ***SPECIFIC TO THE JOB*** (eyewear; footwear; hard hats, hearing protection, etc.).

- Please provide a copy of relative procedures outlining all PPE use, care and storage.

5. Emergency response planning (procedures used in the event of critical injury or fatality, etc.).

- Provide a current copy of your firm's Emergency Response Plan.

- Documentation and reporting procedures for medical aid and lost time incidents.

6. Does your firm conduct daily tailboard or toolbox talks? Yes No
A copy of the form that is used to document these talks is required.
7. In the last three years has your company:
- Received any **stop work** orders from the Ministry of Labour? Yes No
 - Been convicted of an offence under the Occupational Health & Safety Act? Yes No
 - Been convicted of an offence under the Workplace Safety & Insurance Act? Yes No
 - Been convicted of an offence by the Ministry of the Environment? Yes No
 - Been convicted of an offence by the Ministry of Transportation? Yes No

WORKPLACE SAFETY & INSURANCE BOARD INFORMATION:**A. Sole Proprietor/Independent Operator (does not employ):**

1. A written acknowledgement from the Workplace and Safety Insurance Board (WSIB) confirming “Independent Operator Status” is required. Contact the “Workplace and Safety and Insurance Board” for further details.

OR

B. Employer (employs workers):**Please attach the following documentation:**

1. WSIB Clearance Certificate
2. WSIB experience rating statement (NEER, CAD 7 or MAPP) for the past three (3) years.
3. List of any critical injuries or fatalities in the last 5 years, including nature of the accident. If none, please indicate: none

ADDITIONAL INFORMATION – TO BE PROVIDED UPON AWARD OF CONTRACT

Please confirm that each employee who could potentially be conducting work has adequate qualifications and training and the vehicles and equipment to be employed for work shall be mechanically and otherwise fit.

As indicated in the introduction of this document, the Contractor selected by Thunder Bay Hydro for award of contract shall provide within twenty-one (21) calendar days prior to the scheduled job start date and to the satisfaction of Thunder Bay Hydro, the names of the employees who will be dedicated to this job; their training documentation; vehicle and equipment information/documentation to be dedicated to this job; and required general liability insurance; each as outlined below.

AGREE Yes No

EMPLOYEE TRAINING:

- The training matrix below is to be completed for each employee who will be, or could potentially be, employed on the contract for Thunder Bay Hydro. **– SPECIFIC TO THE JOB (MAY BE PROVIDED AT THE TIME OF PREQUALIFICATION IF AVAILABLE).**

Instructions:

- Enter the most recent course date for the required training as indicated in the matrix below (as well as course expiry date if indicated).

Employee Name	Position	First Aid/CPR		WHMIS			
		Course Date	Expiry Date				

VEHICLES AND EQUIPMENT:

1. A list of vehicles and major equipment to be used for - ***SPECIFIC TO THE JOB***. will be required to be submitted. The list must include a description of the vehicles and equipment, its age and CVOR registration (if required). Are these owned, rented, or leased? ***(MAY BE PROVIDED AT THE TIME OF PREQUALIFICATION IF AVAILABLE)***.
2. Please describe how vehicles and equipment will be relocated from one work site to another: Are they trailered or driven?
3. Vehicles and equipment must be maintained in safe operating condition. Proof of mechanical fitness may be required. Vehicles may be subject to inspection (at contractor's expense) by Thunder Bay Hydro Fleet Services.

LIABILITY INSURANCE:

Thunder Bay Hydro requires proof of current liability insurance which must be maintained until the termination of the contract. ***(MAY BE PROVIDED AT THE TIME OF PREQUALIFICATION IF AVAILABLE)***.

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| <ol style="list-style-type: none">1. Commercial General Liability Insurance on a per occurrence basis for an amount not less than five million (\$5,000,000) dollars covering all aspects of the contract. |
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Further to this requirement, **the proponent** shall be required to include an endorsement certifying Thunder Bay Hydro as additional insured, including Thunder Bay Hydro in a cross liability clause, and provide Thunder Bay Hydro with thirty (30) days notice of cancellation.

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|---|
| <ol style="list-style-type: none">2. Vehicle Insurance on a per occurrence basis for an amount not less than five million (\$5,000,000) dollars covering all aspects of the contract. The vehicle insurance must cover liability for bodily injury and property damage caused by any vehicle owned and/or used by the contractor(s) for the work. |
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THIS DOCUMENT WAS COMPLETED BY:

Name: _____ **Title:** _____

Date: _____