

# Town of Sylvan Lake

## HEALTH AND SAFETY VENDOR PACKAGE



HEALTH & SAFETY ORIENTATION | CONTRACTOR SAFETY AGREEMENT | VENDOR PRE-QUALIFICATION

[www.sylvanlake.ca/health-safety](http://www.sylvanlake.ca/health-safety)





## HEALTH AND SAFETY CONTRACTOR PRE-QUALIFICATION

GENERAL INFORMATION					
Business Name					
Address					
	City	Province		Postal Code	
Telephone			Fax		
Email Address					
GST Number			WCB Number		
Number of Employees in your organization					
CONTACT INFORMATION					
Primary Contact Name			Title		
Telephone			Email		
Health & Safety Contact Name			Title		
Telephone			Email		
TYPE OF COMPANY					
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	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:					
<input type="checkbox"/>	Inspection & Certification		<input type="checkbox"/>	Non-Residential Building	
<input type="checkbox"/>	Supplier		<input type="checkbox"/>	Civil Construction	
<input type="checkbox"/>	Heavy (Non-Highway) Construction		<input type="checkbox"/>	Commercial Construction	
<input type="checkbox"/>	Equipment Rental		<input type="checkbox"/>	Mechanical	
<input type="checkbox"/>	Electrical		<input type="checkbox"/>	Testing	
<input type="checkbox"/>	Maintenance & Repair		<input type="checkbox"/>	Other	
SAFETY INFORMATION					
Does your Company have a current written safety Management program? If yes, please provide a copy.				<input type="checkbox"/> YES <input type="checkbox"/> No	
Does your company have a valid and current COR? If yes, please attach a copy.				<input type="checkbox"/> YES <input type="checkbox"/> No	
Has it been Audited?	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you have a Drug and Alcohol Policy?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you have a New Hire Orientation Program?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you have clearly defined roles and responsibilities?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Is there a systematic process for identification and control of significant hazards and risks?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Are workers consulted and provided opportunities with input in resolution of hazards and risks?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Are general workplace inspections conducted regularly?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Are all personnel trained and/or supervised in the safe use of all equipment, PPE, etc? Is there a working alone policy and are personnel trained in it?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you ensure all information regarding safe work practices/procedures are identified and distributed?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Does your company have a written procedure for investigation, reporting and analysis?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you have an emergency plan and/or procedure?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Do you have a workplace Health and Safety Committee?	<input type="checkbox"/> YES <input type="checkbox"/> No		
INSURANCE INFORMATION			
General Liability Insurance (2 Million)? If yes, please provide insurance certificate	<input type="checkbox"/> YES <input type="checkbox"/> No		
WCB INFORMATION			
Does your company have a WCB account in good standing for all jurisdictions in which your company performs work?	<input type="checkbox"/> YES <input type="checkbox"/> No		
Does your company have a WCB account in good standing? If yes, please attach a WCB clearance letter.	<input type="checkbox"/> YES <input type="checkbox"/> No		
WCB Stats from the last 3 years	2024	2023	2022
Employers Premium Rate			
Industry Rate			
Rate adjustment, surcharge or discount			
Number of Fatalities			
Number of Lost Time Injuries			
REGULATORY COMPLIANCE			
Has your company received any OH&S stop work orders and/or fines within the last three years? <i>(If yes, please provide details)</i>	<input type="checkbox"/> YES <input type="checkbox"/> No		



## HEALTH AND SAFETY CONTRACTOR PRE-QUALIFICATION

Has your company received any Administrative fines? <i>(If yes, please provide details)</i>	<input type="checkbox"/> YES <input type="checkbox"/> No
Has your company received any convictions? <i>(If yes, please provide details)</i>	<input type="checkbox"/> YES <input type="checkbox"/> No
Are there any HSE-related judgments, claims or suits pending or outstanding against your company?	<input type="checkbox"/> YES <input type="checkbox"/> No
<b>DECLARATION</b>	
<p>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 Sylvan Lake safety program.</p>	
Applicant's Signature	Date

<b>TOWN CONTACT</b>	
Name of Town of Sylvan Lake Contact	
Check off the departments that are applicable:	
<input type="checkbox"/> Administration	<input type="checkbox"/> Planning & Development
<input type="checkbox"/> FCSS	<input type="checkbox"/> Protective Services
<input type="checkbox"/> Finance	<input type="checkbox"/> Public Works
<input type="checkbox"/> Parks	<input type="checkbox"/> Recreation & Culture

<b>TOWN USE ONLY DO NOT FILL OUT</b>			
Contractor is acceptable for approved contractor list			<input type="checkbox"/> YES <input type="checkbox"/> No
Contractor Has Provided Copies of the Following Documents			
<input type="checkbox"/> Insurance Certificate	<input type="checkbox"/> COR Certificate	<input type="checkbox"/> WCB Clearance	
<input type="checkbox"/> Safety Manual	<input type="checkbox"/> Business License		Upload SharePoint
Reviewed By		Date	
Manager/Director's Signature		Date	



**Please read our Town of Sylvan Lake Health and Safety Orientation carefully. After viewing the presentation, you may proceed with the completion of our Health and Safety Vendor Package requirements.**

### Town of Sylvan Lake Health and Safety Policy

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

The Town of Sylvan Lake has an Employee Health and Safety Policy. Overall, the Policy indicates that the Town is committed to a strong safety program that protects its staff, 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.

In order to meet this goal the Town of Sylvan Lake, meets or exceeds the Alberta Occupational Health and Safety Act, Regulation & Code.

### Contractor Responsibilities

- Comply with the all Health and Safety Policy, Manual and all relevant health and safety legislation.
- Responsible for taking every reasonable precaution for their own health and safety and that of their workers.
- Assisting in the identification of health and safety issues and concerns
- Participating in activities or programs initiated by the municipality that enhance health and safety.
- Report all near misses/incidents/accidents
- Promote health and safety awareness.
- Cooperate with the municipality in all matters of health and safety.
- Follow safe work practices and procedures.
- Comply with all municipal safety requirements.
- Advise the appropriate municipal personnel of any safety matters that may impact on the operations of the municipality.
- Provide the municipality with a copy of the contractors/contract services health and safety program as applicable to the job.
- Set a good example.
- Conduct regular inspections of your work area.

### Town of Sylvan Lake Safety Rules and Regulations

#### Applicable to Contractors

1. Every contractor will adhere to the Alberta Occupational Health and Safety Act, Regulation and Code.
2. Cleanliness and order will be practiced in all work areas and at all times.
3. Fighting, wrestling or horseplay is NOT PERMITTED by anyone performing work for the Town.

4. Violent Acts, Harassment (of any form) and Bullying will NOT BE TOLERATED and will result in termination of contract.
5. Possession or use of intoxicating liquor or drugs while performing work for the Town, is STRICTLY PROHIBITED and will result in termination of contract.
6. All cautionary, safety and warning signs are posted for a reason and must be abided by.
7. Contractors are required to comply with the personal protective equipment requirements as determined by Alberta Occupational Health & Safety or as identified on a Material Safety Data Sheet for any controlled products being used.
8. Only qualified persons will operate equipment they are competent to operate.
9. Immediately report damage of Town Property, Town tools and/or equipment to your Town Contact.
10. Report and record all unsafe conditions, incidents, injuries and near misses and submit a copy of the report/record to the Town Health and Safety Coordinator.
11. In the event of an emergency evacuation no entry into the building/worksite is permitted until directed to do so by Emergency Personal.

### Occupational Health and Safety Legislation

The Town of Sylvan Lake requires that all contractors are familiar with, and comply with the requirements outlines in the Alberta Occupational Health and Safety Act, Regulation, and Code.

**All contractors, unless otherwise identified within your contract, must maintain their account in good standing with the Workers' Compensation Board.**



**The Town will randomly request clearances from the WCB to ensure contractor accounts are current.**

### Identification of Hazards or Unsafe Conditions

If you identify a potential hazard or unsafe condition that may affect the safety of yourself, one of your employees or a Town Employee, STOP and immediately notify your Town Contact who will have the condition remedied to prevent an incident from occurring.

### 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. You are will discuss these PPE requirements with your 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.





## Health and Safety Orientation

### Incident Reporting

If you or one of your employees are involved in an incident while conducting work for the Town of Sylvan Lake, you must inform either your Town contact, or the Town of Sylvan Lake Health and Safety Coordinator immediately; share all details and circumstances of the incident.

### Emergency!

Call 9 – 1 – 1 for all emergencies.

### Health and Safety Vendor Package

Thank you for taking the time to review our Health and Safety Orientation. You may now proceed with the completion of our Health and Safety Vendor Package, which includes the Contractor Safety Agreement, and our Health and Safety Vendor Pre-qualification Form. Once complete, please submit the package, and all corresponding documentation to [jmagnuson@sylvanlake.ca](mailto:jmagnuson@sylvanlake.ca).

**By signing the Contractor Safety Agreement, you are verifying that you understand the contents of this Contractor Safety Orientation, and agree with the requirements.**



## CONTRACTOR SAFETY AGREEMENT

This Contractor Safety 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	TOSL Director's Initial	
Town of Sylvan Lake Business License	Yes	License#	
<b>Myself and all workers have completed and understand the Town of Sylvan Lake's Health and Safety Orientation</b>			<b>Yes</b>

**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 Sylvan Lake'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.

### Contractor Safety 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.

CONTRACTOR		TOWN OF SYLVAN LAKE- CONTACT	
Company Name		TOSL Employee Name	
Rep Name		Employee Department/Title	
Rep Signature		TOSL Employee's Signature	
Title		Date	





## HEALTH AND SAFETY VENDOR PACKAGE

DECLARATION		
<p>I _____</p> <p>I declare that I have read and understand the parameters of the vendor application. By submitting an application, I/we agree to release and save harmless the Town of Sylvan Lake 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 Sylvan Lake, I/we agree to uphold all Industry Safety Standards/Regulations. I/we agree to act in accordance with all Town of Sylvan Lake policies/procedures, Provincial Legislated rules and regulations.</p> <p>The Town of Sylvan Lake reserves the right in its sole discretion to reject or accept any application, and discontinue active and/or non-active services without notice. The Town of Sylvan Lake does not guarantee all registrants work.</p>		
Applicant's Signature		Date

SUBMISSION INFORMATION
<p>Town of Sylvan Lake 5012 - 48 Avenue Sylvan Lake, AB T4S 1G6 Email – <a href="mailto:jmagnuson@sylvanlake.ca">jmagnuson@sylvanlake.ca</a></p>
<p>Questions or concerns may be directed to Health &amp; Safety 403.864.5090 or by email at <a href="mailto:jmagnuson@sylvanlake.ca">jmagnuson@sylvanlake.ca</a></p>