



PROPONENT INFORMATION FORM

REQUEST FOR PROPOSALS

for

Tree Planting Project

PROPONENT INFORMATION FORM

TREE PLANTING PROJECT

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PROPOSER INFORMATION FORM

TREE PLANTING PROJECT

In this Proposer Information Form each capitalised term has the meaning given to it in the RFP Rules.

1. **Basic Proposer Information**

- (a) **Name and Contact Information.** Insert the name and contact information of the Proposer

(Full Legal Name of Proposer)

(Full Address)

(Name of Contact Individual at Proposer and E-Mail Address)

(Telephone Numbers – General and of Contact Individual)

(Fax Numbers – General and of Contact Individual)

- (b) **Corporation or Company.** The Proposer is a corporation or company (but not a joint venture corporation or company) existing under the laws of

(Jurisdiction)

OR

- (c) **Partnership or Joint Venture.** The Proposer is a partnership, joint venture corporation or company or contractual joint venture. Attach in Schedule 1(c) all the information requested in section 1(a) for the Proposer and for each of the

Proponent's partners, shareholders, members and joint venturers, as applicable, and, if applicable, indicate the jurisdiction under which the Proponent and each such partner, shareholder, member or joint venturer exists. In addition, indicate the percent participation or interest of each such partner, shareholder, member or joint venturer in the Proponent.

OR

- (d) **Individual Using Business Name.** The Proponent is an individual carrying on business under the business style name set out in section 1(a) and the Proponent's full legal name is

OR

- (e) **Individual.** The Proponent is an individual carrying on business under his or her name.
- (f) **Applicable Section.** Confirm which of sections 1(b), 1(c), 1(d) and 1(e) applies: _____.

2. Amendments and Clarifications

By completing the table below, the Proponent confirms that the Proponent has received, reviewed and considered all of the following Amendments and Clarifications. Insert in the table below the date that the Proponent received each Amendment and Clarification.

	Amendment	Clarification	Date Received
No.			
No.			
No.			
No.			
No.			

3. Qualifications and Experience

- (a) **Historical Performance.** Attach in Schedule 3(a) details of previous experience providing similar services for OPG, Ontario Hydro and other clients. Where other clients are referred to, insert in Schedule 3(a) for each such client, the name, telephone number and address of an employee of the client who can act as a reference for the Proponent. Also insert the name of project and location, a description of the services provided, the estimated contract value/approximate annual value of services provided, the duration of the project,

the date the work commenced and if the work is continuing, the expected end date and the value of all amounts claimed in any arbitration or litigation. Also insert any other details demonstrating the Proponent's ability to provide the services.

- (b) **Financial Statements.** Attach in Schedule 3(b) audited financial statements for the Proponent's last three fiscal years. These financial statements must be for the Proponent that proposes to enter into the Agreement and not any affiliate of the Proponent. OPG may also ask for similar financial statements from any affiliate from whom OPG requires a parental indemnity. Alternatively, if financial statements are available on a website, indicate the website address. Consolidated financial statements, however, are not sufficient.
- (c) **Organisation.** Attach in Schedule 3(c) the current or proposed organisational structure of the Proponent to meet the requirements identified by OPG, including the names of individuals or positions.
- (d) **Dispute Settlement.** Attach in Schedule 3(d) a description of each claim or other dispute in excess of \$100,000 in which the Proponent was involved in the last five years for which any arbitration or court proceeding was commenced.
- (e) **Subcontractors.** Attach in Schedule 3(e) the full legal name and address of each subcontractor (including suppliers) that the Proponent proposes to use under the Agreement. In Schedule 3(e) indicate the services that each subcontractor would provide.
- (f) **Taxes.** The Proponent's registration number for goods and services tax purposes under the *Excise Tax Act* (Canada) is: _____.
- (g) **Insurance.** Attach in the chart in Schedule 3(g) the requested information about current insurance coverages maintained by or on behalf of the Proponent. Also attach in Schedule 3(g) a description of each insurance claim in excess of \$100,000 made by the Proponent, or any subcontractor of the Proponent, in respect of services or goods provided by the Proponent in the last five years.
- (h) **Safety.** Attach in Schedule 3(h) the OPG Health and Safety Contractor Pre-Qualification Questionnaire, completed by the Proponent. Also attach in Schedule 3(h) the OPG Health and Safety Contractor Pre-Qualification Questionnaire, completed for each subcontractor (including suppliers) whom the Proponent proposes to have provide services at the OPG site. If, however, the Proponent or any such subcontractor (including a supplier) has already been pre-qualified by OPG based on a previous submission of the OPG Health and Safety Contractor Pre-Qualification Questionnaire, then the Proponent is only required to complete, or in the case of a subcontractor (including a supplier) to cause the subcontractor (including a supplier) to complete, those sections of the OPG

Health and Safety Contractor Pre-Qualification Questionnaire that provide additional information, updated Workplace Safety and Insurance Board information or those sections where there are material changes to any of the information previously provided to OPG. If a Proponent wishes to confirm whether the Proponent or any subcontractor (including a supplier) has been pre-qualified by OPG, please contact Nick Bellissimo at (416) 592-2617, by fax at (416) 592-2649 or by e-mail at nick.bellissimo@opg.com.

- (i) **Workplace Safety and Insurance Board.** The Proponent's Workplace Safety and Insurance Board number is: _____. Attach in Schedule 3(i) copies of the Proponent's current Workplace Safety and Insurance Board clearance certificate and current Workplace Safety and Insurance Board Workplace Injury Summary Report (WISR).
- (j) **Quality Assurance.** Attach in schedule 3(j) details of any quality assurance programs, policies, standards or procedures proposed to be used by the Proponent in performing the services Proponent's existing quality program conforms to the program specified in this RFP.

4. **Submissions**

Attach in Schedule 4:

- (a) a project schedule;
- (b) a project execution plan;
- (c) other terms to which the Proponent is prepared to be accountable to provide OPG greater assurance that the Proponent would adhere to the contract schedule.

5. **Exceptions to Terms of Agreement**

Attach in Schedule 5 a comprehensive and specific list of all the proposed changes (and the reasons for each change) the Proponent wishes to make to the draft Agreement (that is a part of this RFP). These changes can be made in either a chart form or legible mark-up of the pages of the draft Agreement that the Proponent would wish to change.

6. **Other Information**

Attach in Schedule 6 any other information that the Proponent wishes OPG to consider in connection with the Proponent's Main Proposal or any Alternative Proposal.

Schedule 1(c) - Partnership or Joint Venture

Insert the following information for each of the partners in the partnership or for each of the members or shareholders of the joint venture.

(Full Legal Name of Partner or Member or Shareholder of Joint Venture)

(Full Address)

(Name of Contact Individual at Partner or Member or Shareholder of Joint Venture and E-Mail Address)

(Telephone Numbers – General and of Contact Individual)

(Fax Numbers – General and of Contact Individual)

(Jurisdiction)

Schedule 3(a) - Historical Performance

Schedule 3(b) - Financial Statements

Schedule 3(c) - Organisation

Schedule 3(d) - Dispute Resolution

Schedule 3(g) - Insurance

Type of Insurance	Name of Insurer	Policy Number	Amount	Expiry Date

Schedule 3(e) - Subcontractors

**Schedule 3(h) - OPG HEALTH AND SAFETY CONTRACTOR
PRE-QUALIFICATION QUESTIONNAIRE**

Instructions

Please answer all questions in as much detail as possible as it relates to the Proponent. (In this questionnaire, the term “Proponent” refers to the company or other type of organization seeking to perform services for OPG.)

Wherever possible, include copies of policies, procedures or forms that support the Proponent’s answer to the question. If a question does not apply to the Proponent, please indicate this by writing N/A or Not Applicable in the space provided for your answer. **FAILURE TO COMPLETE FULLY THIS QUESTIONNAIRE AND PROVIDE ALL THE REQUESTED INFORMATION MAY ADVERSELY AFFECT THE PROPONENT’S ACCEPTABILITY AS A POTENTIAL CONTRACTOR AT OPG.** If you have questions about completing this questionnaire, please contact:

Ron McGillis
Manager – Safety, Compliance & Contractor Quality
(905) 839-6746 extension 5188
ccs@opg.com

1.0 Proponent Information

1.1 Company name and address (*please print*):

Legal Name of Company: _____

Operating Name(s): _____

Street Address: _____

City: _____

Province or State: _____

Country: _____ Postal or Zip Code: _____

Corporate Website Address (*if applicable*): _____

1.2 This submission applies to (*check one*):

Only the operation located at the above address

All company locations (*Please attach a list of company locations which may work at OPG sites*)

1.3 Name, job title, phone number and e-mail address of the person completing this questionnaire
(*please print*):

Name: _____

Job Title: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

1.4 What type of work will your company potentially be doing for OPG? (*Check all that apply and indicate your primary business by highlighting, underlining, or circling the relevant description.*)

- Asphalt Paving
- Buried Service Location
- Concrete Cutting/Drilling
- Construction – Industrial/Commercial
- Construction – Heavy Civil
- Consulting Services
- Craning/Hoisting/Rigging
- Demolition
- Diving
- Electrical
- Excavation/Grading
- Freight Trucking
- Craning/Hoisting
- HVAC Installation and Maintenance
- Insulation Installation/Removal/Replacement
- Janitorial Services
- Landscaping/Snow Removal
- Linen and Laundry Services
- Mechanical and Sheet Metal Work
- Millwrighting and Welding

- Office Equipment Rental/Repair
- Painting
- Pest Control
- Plumbing
- Ready Mix Concrete
- Roofing Repair/Replacement
- Security and Investigation Services
- Telecommunication Services
- Waste Collection and Disposal
- Waste Material Recycling
- Well Drilling
- Window Cleaning – Above Ground
- Window Cleaning – Ground Level
- Other (please specify) _____
- Other (please specify) _____

1.5 Indicate which of the following organization types describes your company (*check one*):

- Sole proprietorship
- Corporation
- Partnership General Limited
- Joint Venture

1.6 How many full-time workers do you regularly employ? _____

“Regularly employed” includes workers, managers and supervisors employed in the Province of Ontario for a period that exceeds 3 consecutive months each year.

1.7 How many part-time workers do you regularly employ? _____

1.8 How many temporary or seasonal workers do you regularly employ? _____

1.9 Check all of the following standards under which you have received certification:

- ISO 14001 (Environment)

- ISO 9001 (Quality)
- OHSAS 18001 (Health and Safety)

Please attach copies of your current certificates for any of the above.

Owner/operators and employers who regularly employ five or less workers, go to Section 2.0.

Employers who regularly employ more than five workers, go to Section 3.0.

“Regularly employed” includes workers, managers and supervisors employed in the Province of Ontario for a period that exceeds 3 consecutive months each year.

2.0 Health and Safety Program – Small Contractor

(To be completed by owner/operators and employers who regularly employ five or less workers)

NOTE: *If OPG determines that the work to be done presents significant risks to either the contractor’s employees or to OPG’s employees, the contractor will be required to provide additional information in order to give OPG sufficient assurance that the contractor can carry out the work safely and in compliance with legal requirements.*

2.1 Health and Safety Policy and Program

- 2.1.1 If your company has a written health and safety policy, program or manual, please attach a copy.
Note: The Occupational Health and Safety Act requires employers with more than five workers to have a health and safety policy and program to implement that policy (OHS Act S.25(2)(j) and S.25(4)).

2.2 Subcontractor Qualification

- 2.2.1 Does your company employ sub-contractors?

Yes No

If yes, describe how you select a sub-contractor to ensure they will comply with health and safety legislation and your company’s rules.

2.3 Training and Qualification

2.3.1 Does your company have a documented orientation program for new employees? If yes, attach a description or copy of the program.

Yes No

2.3.2 Does your company have a documented training program for newly hired or promoted first line supervisors or forepersons? If yes, attach a description or copy of the program.

Yes No

2.3.3 Provide proof of the following training required by legislation (*check all that apply*):

<input type="checkbox"/> WHMIS
<input type="checkbox"/> Propane Handling Record of Training
<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Craning, Hoisting and Rigging training (for lifting 7,260 kg or less)
<input type="checkbox"/> Fall Protection Record of Training
<input type="checkbox"/> Explosive Actuated Fastening Tool Proof of Training

2.3.4 Attach proof of required licensing or certification (*Check all that apply; skip to item 2.2 if this section does not apply to you*):

- Commercial Vehicle Operator's Registration (CVOR) Certificate
- Crane Operator Certificate of Qualification
- Industrial Electrician Certificate of Qualification
- Sheet Metal Worker Certificate of Qualification
- Steamfitter/Pipefitter Certificate of Qualification
- Ozone Depletion Prevention (ODP) card
- Plumber Certificate of Qualification
- Exterminator licence
- Refrigeration and Air Conditioning Mechanic Certificate of Qualification
- Welder Certificate of Qualification
- Well Contractor licence

- Well Technician licence
 Other (please specify) _____

2.4 Inspections and Corrective Actions

2.4.1 Does your company conduct regular inspections of the work site to determine compliance with applicable regulations, procedures and contract requirements? (*Note: Regulation Respecting Construction Projects (O.Reg. 213/91), S.14 requires that an employer appoint a supervisor to inspect the workplace at every construction project*) If yes, attach copies of any inspection procedures or forms used.

- Yes No

2.4.2 Are health and safety deficiencies found during inspections tracked for completion of corrective actions? If yes, attach copies of any procedures or forms used.

- Yes No

2.5 Working Safely

2.5.1 Does your company have a process for planning work to ensure safety? If yes, describe the process or attach any documentation which describes your process.

- Yes No

2.5.2 Describe how you communicate the safe work plan to workers, e.g., safety meetings, pre-job briefings, morning meetings, etc.

2.5.3 Are your company's workers instructed to report all hazards?

- Yes No

2.5.4 Does your company have written work procedures?

Yes No

If yes, attach a list of the written procedures available and a copy of one representative procedure.

2.6 *Accident Reporting and Investigation*

2.6.1 Does your company have a procedure or instruction to ensure that accidents and injuries are reported to the proper authorities, e.g., Ministry of Labour, Workplace Safety and Insurance Board, etc.?

Yes No

If yes, provide copies of any procedures, instruction or forms used.

2.6.2 Does your company conduct investigations of accidents and near misses? If yes, describe the process or attach any documentation, e.g., policies, procedures, forms, etc., which describe your process.

Yes No

2.7 *Emergency Planning and First Aid*

2.7.1 Describe how your company makes workers aware of the steps to take in case of an emergency, e.g., injury, fire, etc.

2.7.2 Is a first aid kit and trained first aid provider made available at the work site? (*Note: O.Reg. 1101 First Aid Regulation requires all employers to provide a First Aid box in the charge of a worker trained in First Aid at a place of employment.*)

Yes No

2.8 Safety Improvement Initiatives

2.8.1 Has your company participated in any safety incentive or safety improvement programs in the last five years? (*Check all that apply*)

WSIB Safe Communities Incentive Program (SCIP)

WSIB Safety Groups Program

WSIB Workwell Health and Safety Audit

WSIB Musculoskeletal Injuries Prevention Program (MIPP)

Other _____

Please attach a description of any programs listed under the “Other” category.

Other _____

Please attach a description of any programs listed under the “Other” category.

2.9 Charges and Convictions

Within the last **three** years, has your company or any of its employees been charged, convicted or been issued any citations, orders to comply, Director’s orders, tickets, etc. under any federal, provincial or municipal health and safety or environmental statute in Canada, e.g., Ministry of Labour, Ministry of the Environment, Environment Canada, etc.?

Yes No

If yes, describe what happened and what type of citation was issued. Attach additional pages, if required.

What actions did your company take to address the issue that caused the citation(s) to be issued?

2.10 Safety Performance Information

- 2.10.1 Attach a copy of a current WSIB Clearance Certificate or “Independent Operator” letter. The WSIB defines an “independent operator” as a sole proprietorship without workers. Clearance certificates are valid for 60 days from the issue date. If you are an “employer by application” under WSIB policy, i.e., a non-compulsorily covered employer, who has not applied for Schedule 1 coverage, please attach a letter from the WSIB confirming this status.
- 2.10.2 Provide copies of your company’s WSIB Workplace Injury Summary Report (WISR) for the last **three** years. Workplace Injury Summary Report can be obtained on request from your local WSIB office. See Appendix A for an example of a Workplace Injury Summary Report. Please **do not** provide any reports or other information which identifies injured employees by name. (*Independent operators do not answer this question*)

If you are a Canadian company from outside Ontario and are not registered with the Ontario Workplace Safety and Insurance Board, please provide any reports available from your provincial worker’s compensation organization which provides a comparison of your performance against that of your industry or rate group.

If you are a US company not registered with the Ontario Workplace Safety and Insurance Board, please complete Section 4.0.

2.11 Additional Information

- 2.11.1 Is there any additional information you would like to provide to us about how your company ensures health and safety on the job?

STOP! Go to Section 5.0

3.0 Health and Safety Program – Medium to Large Contractor
(To be completed by employers who regularly employ more than five workers)

3.1 Health and Safety Policy and Program

A written health and safety policy communicates senior management’s commitment to a safe workplace. The Occupational Health and Safety Act (OHSA) §25(2)(j) requires the employer to “prepare and review at least annually a written health and safety policy and develop and maintain a program to implement that policy”. Employers with five workers or less are exempt from §25(2)(j).

3.1.1 Please attach a copy of your company’s health and safety policy.

3.1.2 How is the policy communicated to employees?

3.1.3 How does the policy get reviewed and revised?

3.1.4 Does your company have a written health and safety program or health and safety manual which supports the implementation of your health and safety policy?

Yes No

If yes, attach a copy. For the questions which follow, where copies of documents or forms are requested, you may refer to the relevant sections of the health and safety program document(s) or manual(s) provided, as appropriate, instead of providing additional copies.

3.2 Drug and Alcohol Policy

Use of drugs and alcohol in the workplace can contribute to increased absenteeism, workplace injuries and work errors.

3.2.1 Does your company have a documented policy regarding the possession and use of drugs and alcohol at work?

Yes No

If yes, please attach a copy.

3.3 Responsibility and Accountability

Sections 25 through 28 of the OHSA describe the duties of employers, supervisors and workers. Defining responsibilities and accountabilities within the organization clarifies the employer’s expectations and guides the individual’s performance. Establishing consequences for lack of performance reinforces the importance of H&S responsibilities in the organization.

3.3.1 Does your company have a written description of the health and safety responsibilities of the workplace parties, i.e., employer, supervisors and workers?

Yes No

3.3.2 If yes, where are these responsibilities documented? Please attach a copy.

3.3.3 How are managers, supervisors and workers made aware of their health and safety responsibilities?

3.3.4 Does your company have a written policy regarding the consequences of failing to carry out health and safety responsibilities on the job?

Yes No

If yes, please attach a copy.

3.4 *Senior Management Involvement*

Senior management processes for monitoring health and safety performance and responding appropriately to deficiencies demonstrates management commitment to achieving the organization's health and safety goals.

3.4.1 Does your company's senior management regularly meet to review health and safety issues?

Yes No

If yes, what information is reviewed in these meetings?

3.4.2 How do your company's senior managers communicate with employees regarding health and safety?

3.4.3 Do your company's senior managers regularly visit jobs in progress?

Yes No

3.5 Subcontractor Qualification

Under OHSA, the employer is responsible to “take every precaution reasonable” for the protection of a worker (§25(2)(h)). Section 23(1)(b) of OHSA makes the constructor responsible for ensuring that “every employer and every worker” on a project is complying with the Act and regulations. Due diligence is demonstrated through a process which ensures that everyone at the workplace, including subcontractors, is working to equivalent safety standards.

3.5.1 Does your company have a program in place to qualify subcontractors?

Yes No

3.5.2 What criteria does your company use to qualify subcontractors?

3.5.3 How does your company ensure that contractors are meeting your health and safety requirements?

3.5.4 Are subcontractors included in site specific induction training and site safety meetings?

Yes No

3.6 Training and Competence

OHSA requires that workers be provided with “information, instruction...to protect the health and safety of a worker”. (OHSA §25(2)(a) and (h) and §42) In addition, the employer is required to appoint a competent person as supervisor (OHSA §25(2)(c)). Formal training and recordkeeping provides evidence of due diligence.

3.6.1 Has your company documented training requirements for all levels of the organization?

Yes No

If yes, please attach a copy.

3.6.2 Please provide an outline of your company's employee orientation training, i.e., for new hires.

3.6.3 Does your company provide site specific induction training to employees and sub-contractors prior to the start of a job?

Yes No

If yes, please provide an outline of typical topics included in site specific training.

3.6.4 Does your company make available to all employees a health and safety handbook, rule book or manual?

Yes No

If yes, how is this information provided to employees?

3.6.5 Provide an outline of your company's training program for supervisors.

3.6.6 Does your company keep records of training and certification, e.g., Certificates of Qualification, for your employees and subcontractors?

Yes No

3.7 Recognition, Evaluation and Control of Hazards

OHSA requires the employer to “take every precaution reasonable in the circumstances to protect the health and safety of a worker” (§25(2)(h)) and to provide information to the worker to protect their health and safety (§25(2)(a)). In order to do so, the employer must identify the potential hazards present in the workplace and take steps to protect the worker, including providing safe operating procedures and making workers aware of these procedures.

3.7.1 Describe your company's process for identifying workplace hazards and implementing appropriate controls. *Attach copies of any documentation which describes the process.*

3.7.2 Has your company developed written safe work procedures based on the hazards associated with the work you perform?

Yes No

If yes, provide an outline or table of contents of your written safe work procedures.

3.7.3 How does your company ensure that each job is planned so that hazards are identified and communicated to workers before work starts, e.g., pre-job briefing or tailboard or toolbox meeting? *Provide a copy of any written procedures.*

3.7.4 How often are pre-job briefings conducted?

3.7.5 How does your company ensure that employees report any hazards they discover while at work?

3.7.6 When a hazard is reported, how does your company ensure that corrective action is taken in a timely manner? Attach a copy of any procedures or forms used.

3.7.7 Does your company require employees to attend regularly scheduled safety meetings?

Yes No

If yes, how frequently are safety meetings held and who is required to attend them?

3.8 *Planned Inspections and Program Audits*

Planned workplace inspections ensure that deficiencies are identified and corrected in a timely fashion. Regular inspections demonstrate commitment to maintaining a safe and healthy workplace. Regular inspections also provide opportunities for positive feedback to employees.

3.8.1 Does your company require regular inspections of the workplace other than JHSC inspections?

Yes No

If yes, provide any documentation which describes the inspection process, including responsibility for conducting such inspections.

3.8.2 Are the results of workplace inspections documented?

Yes No

If yes, provide copies of any forms used.

3.8.3 How does your company ensure that any deficiencies found during regular inspections are corrected?

3.8.4 Who in your company reviews workplace inspection reports and monitors corrective actions?

3.8.5 Does your company have regular third-party audits of its health and safety program done?

Yes No

If yes, who conducts these audits?

3.9 *Employee Representatives and Joint Health and Safety Committees*

OHSA establishes the requirement for the selection of a worker representative or establishment of a Joint Health and Safety Committee (JHSC) or worker trades committee, based on the number of workers employed, the type of work and the duration of a project. (OHSA §8(1), 9(2) and 10(1))

3.9.1 Has your company established a process for establishing a health and safety representative, JHSC or worker trades committee on a project?

Yes No

If yes, please provide any documentation describing the process.

3.9.2 Does your company's JHSC(s) have a written mandate or terms of reference?

Yes No

If yes, please attach a copy.

3.9.3 How does your company ensure that JHSC recommendations are responded to within the regulatory time limit?

3.10 *Accident/Incident Management*

Prompt investigation of accidents and near misses allows the organization to identify deficiencies in the management of health and safety and correct those deficiencies in order to prevent recurrences or more serious consequences in similar incidents.

3.10.1 How does your company ensure that employees report all accidents and near misses?

3.10.2 What is the procedure for reporting occupational illnesses and injuries in your company? (10.1) *If you have a written procedure, attach a copy.*

3.10.3 Who in your company is responsible for reporting illnesses and injuries to external organizations such as the WSIB and the Ministry of Labour.

3.10.4 Does your company have a documented procedure for the investigation of accidents and near misses?

Yes No

If yes, please attach a copy.

3.10.5 Who in your company is provided with copies of any investigation reports?

3.10.6 How is responsibility for correcting deficiencies found as a result of an investigation assigned in your company?

3.10.7 Who in your company monitors and/or reviews the completion of corrective actions associated with investigations?

3.10.8 How are the results of investigations communicated to employees and supervisors in your company?

3.11 *Emergency Preparedness and Response*

An emergency preparedness and response plan eliminates confusion during an emergency by clearly defining individual responsibilities and the steps to be taken. Prompt action during an emergency can mitigate the severity of the injury or damage which occurs. OHSA and several of the regulations identify specific requirements for emergency rescue for various types of work.

3.11.1 Does your company have a written emergency response plan?

Yes No

3.11.2 Does your company have trained first aiders and first aid kits available at all job sites to meet the requirements of O.Reg. 1101 First Aid Requirements?

Yes No

3.11.3 Is emergency and first aid equipment inspected on a regular basis?

Yes No

If yes, is there a documented procedure for this? Please attach a copy.

3.11.4 Are employees provided with training in the emergency response plan?

Yes No

3.11.5 Are site specific emergency response plans developed?

Yes No

3.11.6 Does your company conduct regular emergency drills?

Yes No

3.12 *Early and Safe Return to Work Program*

Part V of the Workplace Safety and Insurance Act places duties on the employer and the injured worker with respect to ensuring the early and safe return to work of an injured employee.

3.12.1 Does your company have a written Early and Safe Return to Work (ESRTW) program?

Yes No

If yes, please attach a copy.

3.12.2 If your company does not have a formal ESRTW program, how do you ensure that injured workers are accommodated?

3.13 *Regulatory Compliance*

OHSA sets fines and penalties for non-compliance. Appropriate response to orders and charges demonstrates the organization's commitment to correcting deficiencies in their health and safety managed system.

3.13.1 Within the last **three** years, has your company or any of its employees been charged, convicted or been issued any citations, orders to comply, Director's orders, tickets, etc. under any federal, provincial or municipal health and safety or environmental statute in Canada, e.g., by the Ministry of Labour, Ministry of the Environment, Environment Canada, etc.?

Yes No

If yes, describe what happened and what type of citation was issued. Attach additional pages, if required.

What actions did your company take to address the issue that caused the citation(s) to be issued?

3.14 *WSIB Experience*

If you are a US company not registered with the Ontario Workplace Safety and Insurance Board, please go to Section 4.0.

- 3.14.1 Attach a copy of a current Workplace Safety and Insurance Board (WSIB) clearance certificate. Clearance certificates are valid for 60 days from the issue date. If you are an “employer by application” under WSIB policy, i.e., a non-compulsorily covered employer, who has not applied for Schedule 1 coverage, please attach a letter from the WSIB confirming this status.
- 3.14.2 Provide copies of your company’s WSIB Workplace Injury Summary Report (WISR) for the last **three** years. The Workplace Injury Summary Report can be obtained on request from your local WSIB office. Please **do not** provide any reports or other information which identifies injured employees by name. See Appendix A for an example of a Workplace Injury Summary Report.

If you are a Canadian company based outside Ontario and are not registered with the Ontario Workplace Safety and Insurance Board, please provide any reports available from your provincial worker’s compensation organization which provides a comparison of your performance against that of your industry or rate group.

STOP! Go to Section 5.0.

4.0 EMR and OSHA 300 Data *(for US companies)*

4.1 List your company’s Experience Modification Rate(s) (EMR) for the past three years.

Year	Interstate EMR	Intrastate EMR

4.2 Please provide the following information for the last three years or provide copies of your company’s OSHA Form 300A for the past three years:

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
<i>Indicate calendar year</i>			
Total number of deaths			
Total number of cases with days away from work			
Total number of cases with job transfer or restriction			
Total number of other recordable cases			
Total number of days away from work			
Total number of days of job transfer or restriction			
Total hours worked			

Your company’s Standard Industrial Classification (SIC), if known:

— — — —

or

Your company’s North American Industrial Classification (NAICS), if known:

— — — — — —

STOP! Go to Section 5.0.

5.0 Certification of Submission

Have an officer of the company sign below to certify that the information provided in this submission is current and correct. *(To be completed by all contractors)*

Signature: _____

Name *(please print)*: _____

Title *(please print)*: _____

Phone number *(please print)*: _____

Date *(please print)*: _____

Thank you for completing the pre-qualification questionnaire. Please forward printed copies of your completed questionnaire and any supporting documentation to:

Safety, Compliance and Contractor Quality
Ontario Power Generation
889 Brock Road, 2nd Floor
Pickering, Ontario
Canada
L1W 3J2

**Schedule 3(i) - Workplace Safety and Insurance Board Clearance Certificate and
Workplace Injury Summary Report**

Schedule Error! Reference source not found. - Quality Assurance

Schedule 4 - Submittals

Schedule 5 - Exceptions to Terms of Agreement

Schedule 6 - Other Information