**Sub-Contractor Pre-Qualifier Questionnaire**

*Bristow Projects is committed to maintaining a safe and healthy working environment through the active participation and support company Sub-Contractor Management Program. As part of our commitment to this program, we must pre approve those who may be providing Bristow Projects with contracted services.*

*As part of the pre-qualification process, we require that you provide us with a copy of the requested documentation and completed the questionnaire.*

1. **Documentation Request**
* The table of contents of your current HSE Manual
* A WCB clearance letter
* A certificate of liability insurance and auto insurance (containing a minimum of 2,000,000.00 general liability)
* A SECOR or COR certificate (if applicable)
* Company Safety Statistics for the past two years
* ISNetworld and/or ComplyWorks account verification
1. **Sub-Contractor Health, Safety and Environment Questionnaire**
2. Does your company have a written health and safety program?

Yes [ ]  No[ ]

1. Does your company have a recognized safety program that has received a SECOR or COR?

Yes[ ]  No[ ]

1. Are senior management, supervisors and employees aware of the HSE manual contents?

 Yes[ ]  No[ ]

1. Has your company developed safe work practices and safe job procedures for the tasks performed?

 Yes[ ]  No[ ]

1. Do the managers, supervisors and employees comply with the provincial OHS and WCB regulations applicable to your companies work activities?

 Yes[ ]  No[ ]

1. Does your company ensure that management, supervisors and employees understand their specific health and safety responsibilities?

 Yes[ ]  No[ ]

1. Do management and supervisors conduct formal site inspections?

 Yes[ ]  No[ ]

1. Does your company have a policy that outlines responsibilities and frequency for formal site inspections?

 Yes[ ]  No[ ]

1. Has your company developed a preventative maintenance program for equipment and vehicles?

 Yes[ ]  No[ ]

1. Does your company have a formal hazard assessment program that identifies tasks, hazards and corrective action and prioritizes risk?

 Yes[ ]  No[ ]

1. Does your company have a process for reporting incidents, accidents and near misses including injuries, equipment/property damage, spills/releases, fire/explosion, near misses?

 Yes[ ]  No[ ]

1. Are follow-up reviews of all reported incidents performed on the senior management level?

 Yes[ ]  No[ ]

1. Does your company conduct audits of the health and safety program to ensure its effectiveness?

 Yes[ ]  No[ ]

1. Does your company perform a pre-job hazard assessment and safety meetings that are documented and include all project personnel?

 Yes[ ]  No[ ]

1. **Sub-Contractor Acknowledgement**

The preceding information is correct and accurate to the best of my knowledge. As an authorized representative of my company, I acknowledge that my company and representatives within will comply with all policies, rules, procedures and regulations applicable to our operation.

Sub-Contractor Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-Contractor Rep Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sub-Contractor Rep Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Acknowledgement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_