

Health and Safety Qualification Form

Nalcor and its subsidiaries (Owner) are committed to providing and maintaining a safe and healthy workplace for its employees, contractors, and the general public. Nalcor recognizes that a qualification process for potential contractors is an important step to ensuring a successful project outcome. This qualification process will assist us in the selection of potential contractors who have the capabilities, capacity, and expertise that will allow them to carry out the work safely. The information provided in this *Health and Safety Qualification Form* will verify minimum health and safety requirements are met by the potential contractor before they will be considered for further evaluation. ***This form is to be completed in its entirety. Failure to answer all questions and provide supporting documentation may lead to the rejection of the bid.***

SECTION 1.0 - GENERAL COMPANY INFORMATION		
Company Name:	Company Address:	
Company Contact:	Telephone:	Fax:
Total # of workers employed at your company:	Email Address:	
Company's main activities:		
Have you submitted your workers' compensation clearance letter with your bid submission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you included all the applicable insurance documentation with your bid submission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Companies from NL:</u> Newfoundland Industrial Classification (NIC) Code: Does your NIC code fall between 4011-4499, or 4591 (i.e. construction industry)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Companies from outside NL/Canada:</u> Does your company fall within a construction industry code? (Standard Industrial Classification (SIC), North American Industry Classification System (NAICS), United Standard Products and Services Code (UNSPSC)).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 2.0 – OCCUPATIONAL HEALTH AND SAFETY PROGRAM	
SECTION 2.0 (a) COR™ or Certified Safety Management System	
Does your company have a Letter of Good Standing under the Newfoundland and Labrador Construction Safety Association's (NLCSA) Certificate of Recognition (COR™) program? If Yes, please submit a copy of your valid COR™ certificate and proceed to Section 3.0. <i>Note: If your COR™ status is 'in process' or 'audit pending' please complete the Occupational Health and Safety Program Questionnaire (Section 2.0(b)) AND submit a copy of your Occupational Health and Safety Program.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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<p>Note: Out of province companies – if you have a Letter of Good Standing from your provincial Construction Safety Association you must contact the Newfoundland and Labrador Construction Safety Association (NLCSA) to apply for reciprocity (or equivalency) in order to obtain a Letter of Good Standing from the NLCSA.</p>			
<p>Does your company follow a recognized Health and Safety Management System or equivalent program? If Yes, please attach a copy of your valid certificate, as applicable, and proceed to Section 3.0.</p> <p>If yes, what system or program do you use (e.g. OHSAS 18001)?</p> <p>If no, please complete the Occupational Health and Safety Program Questionnaire (Section 2.0(b)) AND submit a copy of your Occupational Health and Safety Program.</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>SECTION 2.0 (b) Occupational Health and Safety Program Questionnaire</p>			
<p>Only companies who <u>do not</u> answer ‘Yes’ to either one of the above questions in Section 2.0 (a) are required to complete this section of the <i>Health and Safety Qualification Form</i> AND submit a copy of their Occupational Health and Safety Program for review <u>with the bid</u>. The information provided in this section will be verified using the submitted Occupational Health and Safety Program. You must achieve at least 80% (i.e. answer ‘Yes’ to at least 32 of the 40 questions) to meet Nalcor’s minimum health and safety program requirements. Companies who do not achieve at least 80% on Section 2.0 (b) will be rejected and will not have their bid proceed for final evaluation.</p> <p>Note: Companies who employ less than ten (< 10) employees at the workplace are <u>not required</u> to complete this section. Please proceed to Section 3.0.</p>			
Occupational Health and Safety Policy		Yes	No
2.1	Do you have an occupational health and safety policy established in consultation with the worker health and safety representative, or the workplace health and safety designate? <i>OHS Act 1990 (NL) s.36.2</i>		
2.2	Do you have your occupational health and safety policy posted in a prominent place at the workplace? <i>OHS Act 1990 (NL) s.36.2</i>		
2.3	Do you have an occupational health and safety policy signed and dated by the employer/senior management? <i>OHS Regulations 2012 (NL) s.13.1</i>		
2.4	Do you have an occupational health and safety policy stating the employer’s commitment to cooperate with the worker health and safety representative, or the workplace health and safety designate, and workers in the workplace in carrying out their collective responsibility for occupational health and safety? <i>OHS Regulations 2012 (NL) s.13.1</i>		
2.5	Do you have your occupational health and safety policy reviewed and updated at least annually? <i>OHS Regulations 2012 (NL) s.13.2</i>		
2.6	Do you have your occupational health and safety policy outline the respective responsibilities of the employer, supervisors, the worker health and safety representative or the workplace health and safety designate and other workers in carrying out their collective responsibility for occupational health and safety? <i>OHS Regulations 2012 (NL) s.13.1</i>		
Hazard Recognition, Evaluation, and Control		Yes	No
2.7	Do supervisors advise workers under his or her supervision of the health or safety hazards that may be met by them in the workplace? <i>OHS Act 1990 (NL) s.5.2</i>		
2.8	Do you have a system for the evaluation and monitoring of the workplace to identify potential hazards and the associated risks? <i>OHS Regulations 2012 (NL) s.12.1</i>		
2.9	Do you have procedures for the identification, reporting and control or correction of hazards? <i>OHS Regulations 2012 (NL) s.12.1</i>		
2.10	Do you have procedures for the prompt investigation of hazardous occurrences to determine the cause of the occurrence and the actions necessary to prevent a recurrence? <i>OHS Regulations 2012 (NL) s.12.1</i>		

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2.11	Do you identify the circumstances where hazards must be reported to the OHS committee and explain these circumstances in a written procedure? <i>OHS Regulations 2012 (NL) s.12.1</i>		
2.12	Do you have measures for the accountability of persons responsible for the reporting and correction of hazards? <i>OHS Regulations 2012 (NL) s.12.1</i>		
2.13	Do supervisors provide proper written or oral instructions regarding precautions to be taken for the protection of all workers under his or her supervision? <i>OHS Act 1990 (NL) s.5.2</i>		
2.14	Do you have procedures to identify the need for and the preparation of written safe work procedures to implement health and safety practices? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
2.15	Do you have written work procedures appropriate to the hazards and work activity in the workplace? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
2.16	Do you have procedures and schedules for regular workplace inspections by management and OHS committee members? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
2.17	Do you conduct regular inspection of all buildings, excavations, structures, machinery, equipment, work practices and places of employment to ensure that safe working conditions are maintained and that unsafe conditions are remedied without delay? <i>OHS Regulations 2012 (NL) s.18.1</i>		
2.18	Do you require unsafe conditions to be reported as soon as practicable to a supervisor who shall ensure that appropriate action is taken, without delay, to prevent a worker from being injured? <i>OHS Regulations 2012 (NL) s.18.2</i>		
2.19	Do you ensure that each tool, machine, and piece of equipment in the workplace is capable of safely performing the functions for which it is used? <i>OHS Regulations 2012 (NL) s. 88.1</i>		
2.20	Do you ensure that each tool, machine, and piece of equipment in the workplace is selected, used, and operated in accordance with the manufacturer's recommendations and instructions, where available, and safe work practices? <i>OHS Regulations 2012 (NL) s. 88.1</i>		
2.21	Do you have a system to ensure that persons contracted by your company comply with the OHS Act and OHS Regulations, including OHS program requirements? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
Personal Protective Equipment (PPE)		Yes	No
2.22	Do supervisors ensure that a worker under his or her supervision uses or wears protective equipment, devices or other apparel? <i>OHS Act 1990 (NL) s.5.2</i>		
2.23	Do you select and use PPE in accordance with recognized standards (e.g. CSA) and provide effective protection? <i>OHS Regulations 2012 (NL) s. 71</i>		
2.24	Do you maintain PPE in good working order and in sanitary condition? <i>OHS Regulations 2012 (NL) s. 71</i>		
2.25	Do you ensure that a worker who wears PPE is adequately instructed in the correct use, limitations, and assigned maintenance duties for the equipment to be used? <i>OHS Regulations 2012 (NL) s. 72</i>		
Occupational Health		Yes	No
2.26	Do you monitor the use or presence of hazardous substances at the workplace that may be hazardous to the health and safety of workers? <i>OHS Regulations 2012 (NL) s. 42.1</i>		
2.27	Do you ensure that a hazardous substance produced, used, or handled at a workplace is controlled in accordance with the Material Safety Data Sheet (MSDS)/Safety Data Sheet (SDS) or manufacturer's specifications? <i>OHS Regulations 2012 (NL) s. 42.5</i>		
2.28	Do you have a plan for the control of biological and chemical substances handled, used, stored, produced or disposed of at the workplace and where appropriate, the monitoring of the work environment to ensure the health and safety of workers and other persons at or near the workplace? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
Emergency Preparedness		Yes	No
2.29	Do you have an emergency response plan related to the identified hazards associated with the workplace? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
Training and Communication		Yes	No

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2.30	Do you provide the information, instruction, training and supervision and facilities that are necessary to ensure the health, safety, and welfare of workers? <i>OHS Act 1990 (NL) s. 5</i>		
2.31	Do you have a plan for orienting and training workers and supervisors in workplace and job-specific safe work practices, plans, policies and procedures, that are necessary to eliminate, reduce, or control hazards? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
Occupational Health and Safety (OHS) Committee		Yes	No
2.32	Do you have an OHS committee established to monitor the health, safety and welfare of the workers employed at the workplace? <i>OHS Act 1990 (NL) s. 37</i>		
2.33	Do you post the names of committee members in a prominent location at the workplace? <i>OHS Act 1990 (NL) s. 38.7</i>		
2.34	Do you hold OHS committee meetings at least once every three (3) months? <i>OHS Act 1990 (NL) s. 40</i>		
2.35	Do you have a committee with access to management staff with the authority to resolve health and safety issues and to information about the employer's operations? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
2.36	Do you have a plan for training OHS committee members? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
2.37	Do you have provisions for the maintenance of OHS committee membership records and procedural rules? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
Records Management		Yes	No
2.38	Do you maintain records and statistics, including OHS committee minutes, reports of occupational health and safety inspections, and investigations? <i>OHS Regulations 2012 (NL) s. 12.1</i>		
Program Review		Yes	No
2.39	Do you have provisions for the establishment, maintenance, and implementation of your occupational health and safety program and review and, where necessary, revise the program at least every three (3) years? <i>OHS Regulations 2012 (NL) s. 12.2</i>		
2.40	Do you review and, where necessary, revise the occupational health and safety program where there is a change of circumstances that may affect the health and safety of workers? <i>OHS Regulations 2012 (NL) s. 12.2</i>		

SECTION 3.0 – HEALTH AND SAFETY PERFORMANCE

Companies must achieve a minimum of 18 points (out of a possible 36 points) to meet Nalcor's minimum health and safety performance requirements. Companies who do not achieve a minimum of 18 points on Section 3.0 will be rejected and will not have their bid proceed for final evaluation.

SECTION 3.0 (a) Workers' Compensation Information

Please provide your Workplace NL PRIME Experience Result status for the past three (3) years. If it is early in the year and Workplace NL has not yet issued results for the most recently passed year, please provide information for the previous three (3) years.

Note: Please attach a copy of your Workplace NL **PRIME Schedule**, or equivalent, from your provincial workers compensation board for the previous three (3) years.

Experience Rating	Year 1	Year 2	Year 3
<u>Companies with Workplace NL PRIME Experience:</u> Workplace NL PRIME Experience Result Status (i.e. Please respond with Refund, Refund Forfeited, Neither, or Charge)			
<u>Companies outside of NL/Canada with less than two (2) consecutive years previous work experience in NL:</u> Experience Rating (i.e. Please respond with Refund, Surcharge, or			

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Neither)				
SECTION 3.0 (b) Injury and Illness Statistics				
<p>Please provide your safety performance record for past three (3) years and current year to date. Refer to the definitions listed at the end of this section for guidance on completing this portion of the form, including the calculations for injury frequency rates. For out of province companies, please complete as per your applicable governing workers' compensation board.</p> <p>Note: Please attach a copy of your Workplace NL Three Year Injury Report, or equivalent from your provincial workers compensation board.</p>				
Health and Safety Indicators	Current YTD	Year 1	Year 2	Year 3
Exposure Hours				
No. Fatalities (FAT)				
No. Lost Time Injuries (LTI)				
No. Medical Aid Injuries (MA)				
No. Restricted Work Cases (RWC)				
Lost Time Injury Frequency (LTIF)				
All Injury Frequency (AIF)				
<p>Note: All recordable incidents shall be recorded once only within the categories provided and shall be recorded as the highest category reported. For example, a Medical Aid (MA) incident, which also results in a Restricted Work Case (RWC), shall be recorded as a MA only. A MA that subsequently results in a Lost Time Injury (LTI) shall be recorded as a LTI only.</p>				
<p>Has your company received any OHS orders (including stop-work orders) from Service NL's OHS Branch or been convicted of an OHS offense within the past 3 years?</p> <p>Note: You may be requested to provide a copy of your company's Safety Record or Detailed Company Report for the past 3 years (obtained from Service NL, OHS Branch).</p>			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Inclusions:	
To be considered the following documents must accompany the completed <i>Health and Safety Qualification Form</i> :	
1. Current workers' compensation clearance letter	4. Workplace NL PRIME Schedule, or equivalent
2. Proof of minimum insurances (Gen. Commercial Liability, Automobile Liability, no less than \$2.0M)	5. Workplace NL Three Year Injury Report, or equivalent
3. Copy of COR™ Certificate, Certified Safety Management System Certificate (or equivalent), or current OHS Program (if applicable)	

All information received will be treated as strictly private and confidential. No information given will be shared with other parties or reproduced without the express permission of your company.

I certify that the information I have supplied on the form is complete, accurate, and true.	
Name (Please Print):	
Position:	Telephone Number:
Signature:	Date:

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Definitions:

Exposure Hours – Exposure to injuries shall be measured by the total number of hours of employment (i.e. the actual straight time and actual overtime hours worked) of all employees for the reporting period (i.e. the twelve months of the calendar year). When actual exposure hours are not available, estimated exposure hours may be used.

FAT – Fatality: Any death resulting from an injury/illness regardless of time intervening between injury/illness and death will be reported but no days will be charged to the event.

LTI – Lost Time Injury: A work related injury for which an employee requires medical attention and is unable to return to work for his/her next scheduled shift.

MA – Medical Aid Injuries: A work related injury for which an employee requires medical attention; however, he/she is able to return to work for the next scheduled shift.

RWC – Restricted Work Cases: When an employee, due to a work-related injury/illness, is medically determined to be unable to perform one or more routine functions or unable to work the normal time period of their pre-injury/illness work day, they are working in a “restricted” capacity. Routine functions are the work activities that employee regularly performs at least once a week.

Frequency Calculations: The Industry Standard for injury/ illness reporting is based on 200,000 hours. This base represents the equivalent of 100 employees working 40 hours per week for 50 weeks per year.

LTIF - Lost Time Injury Frequency: This Frequency Rate is based on the total number of Lost-Time Injuries or Illnesses, which occurred in the calendar year.
The following formula shall be used:

$$\text{LTIF} = \frac{\text{Number of Lost-Time Injuries} \times 200,000}{\text{Exposure Hours}}$$

AIF – All Injury Frequency: This is based on the total number of fatalities and Lost-Time injuries, plus the total number of Medical Aid Injuries which occurred in a calendar year.
The following formula shall be used:

$$\text{AIF} = \frac{(\text{No. of Fatalities} + \text{No. of Lost-Time Injuries} + \text{No. of Medical Aid Injuries}) \times 200,000}{\text{Exposure Hours}}$$