

HEALTH & SAFETY VENDOR PRE-QUALIFICATION

GENERAL INFORMATION				
Business Name:				
Address:				
City:		Province:		Postal Code:
Phone:		Email:		
WCB Number:		Number of Employees in Organization:	Type of Company:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual
CONTACT INFORMATION				
Primary Contact Name:		Title:		
Phone:		Email:		
Health & Safety Contact Name:		Phone:		Email:
SUB-CONTRACTOR				
Will you be utilizing sub-contractors for the work being provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Beaver County must review and approve your contractor process or you must provide a completed F-5 form for each contractor, for approval by Beaver County.		
List the types of work your organization performs:				
SAFETY INFORMATION				
Does your company have a current written Safety Management Program? If yes, please provide a copy of the Table of Contents.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a valid Certificate of Recognition (COR)? If yes, please provide a copy. If no, please complete section below.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have Safety Job Procedures and Hazard Assessments for the work being provided? If yes, please provide both.				<input type="checkbox"/> Yes <input type="checkbox"/> No
REGULATORY COMPLIANCE				
Has your company received any OH&S stop work orders, fines, and/or convictions within the last three years? If yes, please attach details.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any HSE-related judgements, claims, or suits pending or outstanding against your company? If yes, please attach details.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete this section if your company does NOT have a valid COR.

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 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 identifying and controlling hazards and risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are workers included in the identification and control of hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are 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 tools, equipment, and PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have written procedure for investigation, reporting and root cause analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have emergency plans and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a workplace Health and Safety Committee or Representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WCB AND INSURANCE

Does your company have a WCB account in good standing? Please provide Clearance Letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have General Liability Insurance? Please provide proof of insurance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide vehicle insurance and registration for all vehicles that will be attending any Beaver County site location. (This can be provided at the time of work, if currently unknown)	

WCB Statistics for the last 3 years	2025	2024	2023
Employers Premium Rate			
Industry Rate			
Rate adjustment; surcharge or discount			
Have you ever operated under a different WCB account number?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list account number(s)			

DOCUMENT CHECK

WCB Clearance	COR Certificate	General Liability Insurance
Vehicle Insurance & Registration (if applicable)	Safety Manual Table of Contents (if no COR)	

DECLARATION

I declare that I have read and understand the parameters and contents of the Sub-Contractor application, and that the information provided in the document is correct.

By submitting an application, I/we agree to release and save harmless Beaver County from all claims, actions, losses, damages, expenses, and costs of any nature whatsoever arising out of, or related to, my/our participation in the services provided.

If awarded work, and while under contract with Beaver County, I/we agree to uphold the requirements of the Alberta Occupational Health and Safety Act, Code and Regulations, and the Beaver County Health and Safety Program.

Beaver County reserves the right in its sole discretion to reject or accept any application and discontinue active and/or non-active services without notice. Beaver County does not guarantee all applicants work.

Applicant Name:		Applicant Sign:		Date:	
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SUBMISSION INFORMATION

Email: cmartin@beaver.ab.ca
 Mail to: Beaver County, Box 140, 5120-50 St., Ryley AB, T0B 4A0

Questions or concerns about the completion of this form can be directed to the Health & Safety Officer by phone, at 780-663-3730 ext. 1027, or by email to cmartin@beaver.ab.ca

COUNTY USE ONLY, DO NOT FILL OUT

Contractor is accepted as an approved contractor:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed By:		Date:	
Approved By Manager:		Date:	