

SECTION 1: GENERAL INFORMATION					
Business Name:					
Address:					
City:	Province:	Postal Code:			
Telephone Number:					
Email Address:					
WCB Number:	Number of Employees:				
SECTION 2: CONTACT INFORMATION					
Primary Contact Name:		Title:			
Telephone Number:		Email:			
Health and Safety Contact Name:		Title:			
Telephone Number:		Email:			
SECTION 3: TYPE OF COMPANY					
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual	
Name of Partner/Owners:					
Name of Partner/Owners:					
Name of Partner/Owners:					
Province of Incorporation:		Date of Incorporation:			
SECTION 4: CERTIFICATE OF RECONGITION					
Does your company have a current written Safety Management Program? If yes, please provide a copy.				YES	NO
Does your Company have a valid and current COR? If yes, please provide a copy.				YES	NO
If your company possess a current and valid COR, please proceed to Section 6. If your company <u>does not</u> have a current and valid COR, please proceed to Section 5.					
SECTION 5: SAFETY DOCUMENTATION					
Does your company have a written Health and Safety Policy? If yes, please attach a copy.				YES	NO
Does your company have a Drug and Alcohol Policy? If yes, please attach a copy.				YES	NO
Does your company have a New Hire Orientation Program?				YES	NO
Does your company have clearly defined Roles and Responsibilities for all safety program elements?				YES	NO
Is there a systematic process for identification and control of significant hazards and risks?				YES	NO
Are task specific and formal inspections conducted regularly?				YES	NO
Are all personnel trained / supervised in the safe use of all equipment, PPE, etc.?				YES	NO
Is there a Working Alone Policy and are workers trained in it?				YES	NO
Does your company ensure all information regarding safe work practices / procedures are identified and distributed?				YES	NO
Does your company have a written procedure for investigation, reporting and analysis?				YES	NO
Does your company have an emergency response plan and / or procedure?				YES	NO
Does your company have a Joint Work Site Health and Safety Committee?				YES	NO

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SECTION 6: WCB INFORMATION

Does your company have a WCB account in good standing for all jurisdictions in which your company performs work? If yes, please attach a WCB Clearance letter.			YES	NO
WCB Stats for the last 3 years	Current Year	Last year	Proceeding Year	
Employer's Premium Rate				
Industry Rate				
Rate Adjustment, Surcharge or Discount				
Number of Fatalities				
Number of Lost Time Injuries				

SECTION 7: REGULATORY COMPLIANCE

Has your company received any OH&S stop work orders and / or fines within the last three years? If yes, please attach a sheet providing the details.	YES	NO
Has your company received any convictions? If yes, please provide details.	YES	NO
Has your company received any Administrative fines? If yes, please provide details.	YES	NO
Are there any HSE- related judgments, claims or suits pending or outstanding against your company?	YES	NO

SECTION 8: DECLARATION

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 City of Cold Lake's safety program.

SECTION 9: CITY OF COLD LAKE CONTACT

Name of City Contact:	
Department:	
Name of City Safety Advisor:	
City of Cold Lake Contact Number:	

City of Cold Lake Use Only, Do Not Fill Out

Contractor is acceptable for safety screened contractor list			YES	NO	
Contractor Safety Management Approach (Check the box to indicate)					
	<i>Contractor working under direct City of Cold Lake supervision</i>				
	<i>Contractor expected to work independently</i>				
	<i>Project Prime contractor</i>				
The contractor has provided the following documentation:					
Safety Manual	YES	NO	Business Licence	YES	NO
COR Certificate	YES	NO	WCB Clearance	YES	NO
Reviewed By:				Date:	
Safety Advisor's Endorsement:					

Please complete and send to safety@coldlake.com along with all relevant documentation requested.

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