

## CONTRACTOR REGISTRATION QUESTIONNAIRE

This Contractor Registration Questionnaire is to be completed by all contractors who wish to be considered a potential supplier of services to Bantrel Co. The information provided within this questionnaire will be used by Bantrel's Contracts Department to identify sources of supply for services on Bantrel projects, company wide.

Registration with Bantrel does not guarantee that your organization will be awarded a contract to supply services to Bantrel, or confirmation that your organization will be included as a bidder on any current or future Bantrel project bid solicitations.

Should your organization be deemed by Bantrel Co. to be qualified bidder, your organization will be required to respond to bid solicitations and will be competing with other organizations based on factors including price, quality and schedule. If required, Bantrel Co. may request further information from your organization to confirm your rating as a qualified bidder.

Please submit your completed registration questionnaire, by return email, to the below email address:

E-Mail: [contractor.registration@bantrel.com](mailto:contractor.registration@bantrel.com)

### 1.0 GENERAL COMPANY INFORMATION

|   |                |   |                                 |                     |
|---|----------------|---|---------------------------------|---------------------|
|   |                |   | <b>Date:</b>                    |                     |
| <b>Dun and Bradstreet (DUNS) Number:</b>  |                | <b>Workers Compensation Board (WCB) Number:</b> |                                 |                     |
| <b>Company Name (Full Legal Name):</b>  |                | <input type="checkbox"/> Private                | <input type="checkbox"/> Public |                     |
| <b>Street Address:</b>  |                | <b>City:</b>                                    |                                 |                     |
| <b>Province/State:</b>  |                | <b>Country:</b>                                 |                                 | <b>Postal Code:</b> |
| <b>Telephone:</b>   | <b>Fax No:</b> | <b>Web Site Address:</b>                        |                                 |                     |
| <b>Company Contact When Requesting Pre-Qualification Information:</b>   |                |   | <b>Email Address:</b>           |                     |
| <b>Company Contact When Requesting Bids:</b>  |                |   | <b>Email Address:</b>           |                     |
| <b>Number of years under your present business name:</b> _____ Years  |                |   |                                 |                     |
| <b>State other names under which your company has operated:</b>   |                |   |                                 |                     |
| <b>Ownership</b>  |                |   |                                 |                     |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> Partnership |                |   |                                 |                     |
| <b>If a subsidiary of another company, name the parent company:</b>   |                |   |                                 |                     |



# CONTRACTOR REGISTRATION QUESTIONNAIRE

---

## 1.1 Business Classification:

- a) **Aboriginal Owned Company**  Yes  No

Is defined as a company who is wholly or partially owned (51% partnership) by an Aboriginal person or group or by the First Nation or Métis organization (i.e. band owned)

- b) **100% Aboriginal owned**  Yes  No

- c) **Partnership/Joint Venture**  Yes  No

What percent is aboriginal-owned? \_\_\_\_\_

- d) Identify the length of time this business venture has been in place. \_\_\_\_\_

- e) Is there management or board level representation of the Aboriginal partner in the joint venture?

Yes  No

- f) If yes, please provide information on the structure, nature and geographic restriction of the partnership / joint venture.

---

---

---

---

- g) **First Nations**  Yes  No

If yes, which First Nations group?

---

- h) **Métis**  Yes  No

If yes, which Métis group?

---

- i) Does your company have an Aboriginal employment policy?  Yes  No

If yes, please indicate methodology and current percentage of Aboriginal inclusion.

---

---

---

---

- j) Is your company affiliated or partnered with an Aboriginal Community?  Yes  No

If yes, please explain the nature of the relationship.



## CONTRACTOR REGISTRATION QUESTIONNAIRE

---

---

---

---

---

k) Does your company have an Aboriginal engagement strategy?  Yes  No

l) Does your company have a training or development program for Aboriginal employees?

Yes  No

m) Does your company track monies spent on Aboriginal employees or contractors employed with your company?  Yes  No

n) Does your company have experience working with local Aboriginal communities in which it operates?

Yes  No

If yes, where? Please explain.

---

---

---

o) Does your company promote cultural awareness and provide employees with cultural awareness training?  Yes  No

p) Does your company provide opportunities for apprentice or summer student positions to Aboriginal community members?  Yes  No

## CONTRACTOR REGISTRATION QUESTIONNAIRE

---

### 1.2 Key Personnel

List the principal individuals of your company below, or if insufficient space is provided here, attach a separate listing:

| Individual's Name | Present Position | Years With Firm |
|-------------------|------------------|-----------------|
|                   |                  |                 |
|                   |                  |                 |
|                   |                  |                 |
|                   |                  |                 |
|                   |                  |                 |

Exclusive of the individuals listed above, state the number of permanent employees by classification:

| Classification                                    | Number of Employees |
|---|---------------------|
| Management – Home Office                          |                     |
| Project/Construction Management – Field           |                     |
| Engineering                                       |                     |
| Purchasing and stock                              |                     |
| Cost Engineers                                    |                     |
| Schedulers  |                     |
| Labour Relations                                  |                     |
| Quality Control                                   |                     |
| Safety  |                     |
| Accounting  |                     |
| Contract Management                               |                     |
| Shop Personnel                                    |                     |
| <u>Other:</u>                                     |                     |
| <i>Total number of permanent employees</i> _____. |                     |

Provide a copy of your current organization chart identifying, by position, the reporting relationship between Sr. Executives, Home Office and Site Management and Field Supervision (include quality management, safety and business management personnel). A company organization chart has been attached in PDF format?

Yes  No



## CONTRACTOR REGISTRATION QUESTIONNAIRE

---

### 1.3 Branch Offices

List branch offices as appropriate:

|                                |             |                        |
|--------------------------------|-------------|------------------------|
| <b>Branch Office Address:</b>  |             |                        |
| <b>Contact:</b>                |             | <b>Position:</b>       |
| <b>Phone:</b>                  | <b>Fax:</b> | <b>E-Mail Address:</b> |
| <b>List Services Provided:</b> |             |                        |
|                                |             |                        |
|                                |             |                        |
|                                |             |                        |

|                                |             |                        |
|--------------------------------|-------------|------------------------|
| <b>Branch Office Address:</b>  |             |                        |
| <b>Contact:</b>                |             | <b>Position:</b>       |
| <b>Phone:</b>                  | <b>Fax:</b> | <b>E-Mail Address:</b> |
| <b>List Services Provided:</b> |             |                        |
|                                |             |                        |
|                                |             |                        |
|                                |             |                        |

|                                |             |                        |
|--------------------------------|-------------|------------------------|
| <b>Branch Office Address:</b>  |             |                        |
| <b>Contact:</b>                |             | <b>Position:</b>       |
| <b>Phone:</b>                  | <b>Fax:</b> | <b>E-Mail Address:</b> |
| <b>List Services Provided:</b> |             |                        |
|                                |             |                        |
|                                |             |                        |
|                                |             |                        |

|                                |             |                        |
|--------------------------------|-------------|------------------------|
| <b>Branch Office Address:</b>  |             |                        |
| <b>Contact:</b>                |             | <b>Position:</b>       |
| <b>Phone:</b>                  | <b>Fax:</b> | <b>E-Mail Address:</b> |
| <b>List Services Provided:</b> |             |                        |
|                                |             |                        |
|                                |             |                        |
|                                |             |                        |

|                                |             |                        |
|--------------------------------|-------------|------------------------|
| <b>Branch Office Address:</b>  |             |                        |
| <b>Contact:</b>                |             | <b>Position:</b>       |
| <b>Phone:</b>                  | <b>Fax:</b> | <b>E-Mail Address:</b> |
| <b>List Services Provided:</b> |             |                        |
|                                |             |                        |
|                                |             |                        |
|                                |             |                        |



## CONTRACTOR REGISTRATION QUESTIONNAIRE

### 2.0 WORK CATEGORIES

Indicate your area of expertise by checking the boxes below and add any work categories/fields of technical specialization not shown. Indicate only those work categories and field of technical specialization (where appropriate) for which you are qualified with significant experience and would accept a contract containing those work categories/fields of technical specialization. Experience in categories/fields of technical specialization you indicate on the below Commodity Listings should be readily identifiable in the job list included in Section 3.

|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Architectural Services                          | <input type="checkbox"/> | Lighting Protection                             |
| <input type="checkbox"/> | Batch Plant, Asphalt/Concrete                   | <input type="checkbox"/> | Linings, Synthetic, Rubber, Mortar, Epoxy       |
| <input type="checkbox"/> | Boilers, Supply and/or install                  | <input type="checkbox"/> | Maintenance and Operational Programming         |
| <input type="checkbox"/> | Bridges, Structural Steel                       | <input type="checkbox"/> | Mechanical and Piping Work                      |
| <input type="checkbox"/> | Buildings, Commercial/Industrial                | <input type="checkbox"/> | Pipe Rack/Equipment Modules – Fabrication       |
| <input type="checkbox"/> | Buildings, Pre-Engineered                       | <input type="checkbox"/> | Pipe Rack/Equipment Modules – Installation      |
| <input type="checkbox"/> | Buildings, Temporary, Camps                     | <input type="checkbox"/> | Paint, Special Coatings, Surface Preparation    |
| <input type="checkbox"/> | Caissons, Drilled                               | <input type="checkbox"/> | Piling  |
| <input type="checkbox"/> | Catering and Camp Management                    | <input type="checkbox"/> | Pipe Spooling and Prefabrication                |
| <input type="checkbox"/> | Cathodic Protection                             | <input type="checkbox"/> | Ponds and Reservoirs – Excavated and Lined      |
| <input type="checkbox"/> | Chemical Plant                                  | <input type="checkbox"/> | Pressure Vessels                                |
| <input type="checkbox"/> | Clarifiers                                      | <input type="checkbox"/> | Refrigeration Systems                           |
| <input type="checkbox"/> | Cleaning Industrial-Chemical/Steam              | <input type="checkbox"/> | Rigging, Heavy Lift                             |
| <input type="checkbox"/> | Coatings, Protective                            | <input type="checkbox"/> | Siding, Fibreglass                              |
| <input type="checkbox"/> | Communications Systems                          | <input type="checkbox"/> | Siding, Metal                                   |
| <input type="checkbox"/> | Concrete Precast, Structural                    | <input type="checkbox"/> | Site Preparation, Grading                       |
| <input type="checkbox"/> | Concrete Pre-stressed/Post Tension              | <input type="checkbox"/> | Start-up Assistance, Testing, Training          |
| <input type="checkbox"/> | Cranes, Monorail, Bridge, Polar                 | <input type="checkbox"/> | Steel, Structural                               |
| <input type="checkbox"/> | Crushing and Screening Process Plant            | <input type="checkbox"/> | Surfacing Membranes for Roads, Tank Farms       |
| <input type="checkbox"/> | Decking, Roof and Floor Steel                   | <input type="checkbox"/> | Surveying, Aerial Mapping and Photography       |
| <input type="checkbox"/> | Dewatering                                      | <input type="checkbox"/> | Surveying, Seismic                              |
| <input type="checkbox"/> | Doors, Industrial, Fire                         | <input type="checkbox"/> | Tankage, Bins, Fibreglass - Plastic             |
| <input type="checkbox"/> | Drilling Services                               | <input type="checkbox"/> | Tankage, Bins, Silos - Concrete                 |
| <input type="checkbox"/> | Ductwork, Conventional Sheet Metal              | <input type="checkbox"/> | Tankage, Bins, Silos – Metal                    |
| <input type="checkbox"/> | Ductwork, Heavy Gauge Metal                     | <input type="checkbox"/> | Tankage, Pads and Dykes                         |
| <input type="checkbox"/> | Electrical Construction – General Contractor    | <input type="checkbox"/> | Temporary Facilities – Underground Services     |
| <input type="checkbox"/> | Electrical Construction – Outside (Pole Line)   | <input type="checkbox"/> | Temporary Facilities – Construction Power       |
| <input type="checkbox"/> | Electrical Construction – Transmission          | <input type="checkbox"/> | Testing, Chemical Analysis                      |
| <input type="checkbox"/> | Electrical Switchyards                          | <input type="checkbox"/> | Testing, Non-destructive Examination for Piping |
| <input type="checkbox"/> | Elevators                                       | <input type="checkbox"/> | Testing, Soil, Concrete - Destructive           |
| <input type="checkbox"/> | Fencing   | <input type="checkbox"/> | Turbine Generator, Supply/Install               |
| <input type="checkbox"/> | Fire Protection                                 | <input type="checkbox"/> | Underground Utilities                           |
| <input type="checkbox"/> | Foundations, Equipment Setting                  | <input type="checkbox"/> | Vessel, Reactor Erection                        |
| <input type="checkbox"/> | Generators, Diesel Electric                     | <input type="checkbox"/> | Walls, Curtain/Glass/Aluminum                   |
| <input type="checkbox"/> | Geological/Geotechnical, Explore/Survey         | <input type="checkbox"/> | Others (Please Specify)                         |
| <input type="checkbox"/> | Gunite Application and Fire Protection–Spray-On | <input type="checkbox"/> |   |
| <input type="checkbox"/> | Heat Treatment/Stress Relieve – On Site         | <input type="checkbox"/> |   |
| <input type="checkbox"/> | Heating, Ventilation, Air Conditioning (HVAC)   | <input type="checkbox"/> |   |
| <input type="checkbox"/> | HVAC, Balancing                                 | <input type="checkbox"/> |   |
| <input type="checkbox"/> | Instrument and Controls, DCS                    | <input type="checkbox"/> |   |
| <input type="checkbox"/> | Insulation, Materials, Thermal, Wallboard       | <input type="checkbox"/> |   |
| <input type="checkbox"/> | Insulation, Spray-On                            | <input type="checkbox"/> |   |
| <input type="checkbox"/> | Insulation, Thermal, Conventional               | <input type="checkbox"/> |   |



## CONTRACTOR REGISTRATION QUESTIONNAIRE

---

### 3.0 SUBCONTRACTORS

Please identify the major first tier subcontractors which you normally utilize:

| Subcontractor Name | Address & Phone/Fax | Type/Portion of Work |
|--------------------|---------------------|----------------------|
|                    |                     |                      |
|                    |                     |                      |
|                    |                     |                      |
|                    |                     |                      |
|                    |                     |                      |
|                    |                     |                      |
|                    |                     |                      |
|                    |                     |                      |
|                    |                     |                      |

### 4.0 WORK EXPERIENCE

For whom have you recently completed work in your principal lines? List three major completed projects for the past five years?

| Owner's & Project Name | Contract Reference Telephone Number | Location | Brief Description of the Work | TIC Amount CAN \$ | Length of Contract Work (Start and Finish Dates) |
|------------------------|-------------------------------------|----------|-------------------------------|-------------------|--|
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |



## CONTRACTOR REGISTRATION QUESTIONNAIRE

Current jobs/orders in progress:

| Owner's & Project Name | Contract Reference Telephone Number | Location | Brief Description of the Work | TIC Amount CAN \$ | Length of Contract Work (Start and Finish Dates) |
|------------------------|-------------------------------------|----------|-------------------------------|-------------------|--|
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |
|                        |                                     |          |                               |                   |  |

Have you ever failed to complete any work awarded to you?  Yes       No  
 (If yes, attach description of when, where, why and for whom.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Largest Number of craftsmen employed on any one job: Average \_\_\_\_\_ Peak \_\_\_\_\_







## CONTRACTOR REGISTRATION QUESTIONNAIRE

---

### 6.0 INDUSTRIAL RELATIONS

a) To which employer organizations are you affiliated:

---

---

---

---

---

---

b) Name and title of management person directly responsible for Industrial relations on work performed within the Province of Alberta.

---

---

---

---

c) Is your company currently involved in any industrial dispute, either officially or unofficially?

Yes       No      If answer is yes, please state details:

---

---

---

---

d) Has your Company been involved in any official or unofficial industrial disputes over the past two years?

Yes       No      If answer is yes, please state details:

---

---

---

---



## CONTRACTOR REGISTRATION QUESTIONNAIRE

e) Provide details of your current agreements with labour unions by trade:

| Trade | Union (full name) | Local Number | Agreement Date | Expiry Date | Province / Territory |
|-------|-------------------|--------------|----------------|-------------|----------------------|
|       |                   |              |                |             |                      |
|       |                   |              |                |             |                      |
|       |                   |              |                |             |                      |
|       |                   |              |                |             |                      |
|       |                   |              |                |             |                      |

- f) Will your Company perform work on a “Non-Union” basis?  Yes  No
- g) Is your Company affiliated with CLAC?  Yes  No
- h) If project site is designated “Open-Site”, will your Company provide Letters of Compliance from all union affiliated trades working under your direction?  Yes  No

### 7.0 FINANCIAL AND INSURANCE

Bank and Credit Institution References:

| Bank Name | Individual’s Name & Phone Number |
|-----------|----------------------------------|
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |

Average annual dollar volume in sales for the last ten years: \_\_\_\_\_

Confirm your ability to obtain bonding, name bonding company and to what limit:

Company/Bank: \_\_\_\_\_

Agent and Phone No.: \_\_\_\_\_

Total Bonding/Bank Guarantee Capacity: \_\_\_\_\_

Are you now or have you been involved as a party to any pending or concluded litigation concerning your performance of work within the last five (5) years?  Yes  No

If yes, please specify the nature of all such litigation (i.e.: breach of contract, negligence, filing of lien claims, etc.)

\_\_\_\_\_





## CONTRACTOR REGISTRATION QUESTIONNAIRE

### 9.0 HEALTH, SAFETY and ENVIRONMENTAL (HSE)

HSE is an integral part of production efficiency and cost effectiveness in the construction of all Bantrel Co. Projects. To evaluate each contractor's qualifications and ability to perform the work in a safe manner, all contractors must supply a copies their WCB performance and the following information to qualify for consideration.

Bantrel uses the information in the selection process to identify those contractors and/or subcontractors who have an effective HSE management system and those, who can adequately control accident costs.

**NOTE:** Complete this section for all entities actually performing construction (i.e. prime contractors or supplier's primary contractors). All information provided is confidential.

|  |   |   |   |                                     |                                 |
|--|---|---|---|-------------------------------------|---------------------------------|
| <b>9.1 Safe Work Performance</b>   |   |   |   |                                     |                                 |
| <b>9.1a Injury Experience / Historical Performance - Provincial</b>  |   |   |   |                                     |                                 |
| Use the previous three years injury and illness records to complete the following:   |   |   |   |                                     |                                 |
|  | <b>3<sup>rd</sup><br/>Previous<br/>Year</b>   | <b>3<sup>rd</sup><br/>Previous<br/>Year</b> | <b>2<sup>nd</sup><br/>Previous<br/>Year</b> | <b>Previous<br/>Year</b>            | <b>Current Year<br/>To date</b> |
| Number of medical treatment cases <sup>1</sup>   |   |   |   |                                     |                                 |
| Number of restricted work day cases <sup>2</sup>   |   |   |   |                                     |                                 |
| Number of lost time injury cases <sup>3</sup>  |   |   |   |                                     |                                 |
| Number of fatal injuries   |   |   |   |                                     |                                 |
| Total recordable frequency <sup>4</sup>  |   |   |   |                                     |                                 |
| Lost time injury frequency <sup>5</sup>  |   |   |   |                                     |                                 |
| Number of person hours   |   |   |   |                                     |                                 |
| 1 - Medical Treatment Case   | <ul style="list-style-type: none"> <li>Any occupational injury or illness requiring treatment provided by a physician or treatment provided under the direction of a physician</li> </ul> |   |   |                                     |                                 |
| 2 – Restricted Work Day Case   | <ul style="list-style-type: none"> <li>Any occupational injury or illness that prevents a worker from performing any of his/her craft jurisdiction duties</li> </ul>                      |   |   |                                     |                                 |
| 3 – Lost Time injury Cases   | <ul style="list-style-type: none"> <li>Any occupational injury that prevents the worker from performing any work for at least one day</li> </ul>  |   |   |                                     |                                 |
| 4 – Total Recordable Frequency   | <ul style="list-style-type: none"> <li>Total number of Medical Treatment, Restricted Work and Lost Time Injury cases multiplied by 200,000 then divided by total person hours</li> </ul>  |   |   |                                     |                                 |
| 5- Lost Time Injury Frequency  | <ul style="list-style-type: none"> <li>Total number of Lost Time Injury cases multiplied by 200,000 then divide by total person hours</li> </ul>  |   |   |                                     |                                 |
| <b>9.1b Workers' Compensation Experience – Provincial/State</b>  |   |   |   |                                     |                                 |
| <b>Provide copies of your WCB Premium Rate Statements (or equivalent) for the last 3 years.</b> Use the previous three years injury and illness records to complete the following: |   |   |   |                                     |                                 |
| Industry Code:   |   |   | Industry Classification:                    |                                     |                                 |
|  | <b>3<sup>rd</sup><br/>Previous<br/>Year</b>   | <b>2<sup>nd</sup><br/>Previous<br/>Year</b> | <b>Previous<br/>Year</b>                    | <b>Current<br/>Year<br/>To date</b> |                                 |
| Industry Rate  |   |   |   |                                     |                                 |
| Contractor Rate  |   |   |   |                                     |                                 |
| % Discount or Surcharge ( <b>provide copies of rates</b> )   |   |   |   |                                     |                                 |



## CONTRACTOR REGISTRATION QUESTIONNAIRE

|   |   |                             |                              |
|---|---|-----------------------------|------------------------------|
| Is your WCB account in good standing?<br><b>(Please provide a WCB Clearance Letter (or equivalent) confirmation in PDF format)</b>  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| <b>9.2 Citations, Violations or Incidents</b>   |   |                             |                              |
|   | Has your company ever received any warnings, citations, stop work orders or been charged, or prosecuted for any OH&S non-compliance or environmental offense, or equivalent from another province, in the last three years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             |                              |
|   | <b>If yes, provide details:</b>   |                             |                              |
| <b>9.3 Certificate of Recognition</b>   |   |                             |                              |
| Does your company have any third party certifications, e.g. ISO 14001 / 9001 and COR<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>If Yes, please provide a copy.</b> |   |                             |                              |
| <b>9.4 HSE Program Requirements</b>   |   |                             |                              |
| Do you have a written HSE program? If yes, does it include:   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| HSE policy statement  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Substance abuse program   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Hazard Assessment and Control   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Incident reporting and investigation  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Inspections and Audits  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| HSE Roles and Responsibilities  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Training and awareness  |   |                             |                              |
| • General orientation   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| • Supervisor training   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| • Job specific training (e.g. AWP, confined space, LOTO, etc.)  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Mentorship, competency and short service workers program  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| HSE Meetings and Communication  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Subcontractor Management  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Behavior Based Safety Program   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| Meet legislative requirements, including reviews and updates  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |                              |
| <b>9.5 Safe Work Practices and Procedures</b>   |   |                             |                              |
| Does your HSE program address safe work practices and procedures specific to your scope of work?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Additional safe work practices and procedures include the following:  |   |                             |                              |
| Barricades and Signs  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Compressed Gas Cylinders  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Confined Space Entry  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Controlled Product Management   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Cranes, Rigging and Hoisting  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No | <input type="checkbox"/> N/A |



## CONTRACTOR REGISTRATION QUESTIONNAIRE

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Electrical Equipment and Assured Grounding | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Excavation and Trenching                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fall Protection                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Fire Prevention and protection             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Floor and Wall Openings                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Hand tools                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Housekeeping                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Lock out and Tag out                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Mobile Equipment                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Non-Destructive Examination                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Office Safety                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Personal protective equipment              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Piling Operations                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Portable Ladders                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Powder Actuated Tools                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Powered Industrial Vehicles                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Safe Work Permits                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Scaffolding                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Specialized Equipment                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Spill prevention and response              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Utility Clearances                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Vehicle Safety                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Waste Management                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

### 9.6 Contractor HSE Submission Checklist

| Section #  | REQUIREMENTS  | Received<br>✓ |
|--|---|---------------|
| Please ensure that you complete the above questionnaire and submit the following documents. HSE cannot evaluate incomplete submissions and may result in disqualification. |   |               |
| 9.1a   | Injury experience information (statistics)                              |               |
| 9.1b   | Current WCB Clearance Letter (or equivalent)                            |               |
| 9.1b   | WCB Premium Rate Statements (3 years)                                   |               |
| 9.3  | Certificates or special awards (e.g. ISO, COR)<br>If yes, provide copy. |               |



# CONTRACTOR REGISTRATION QUESTIONNAIRE

## 10.0 QUALITY CONTROL

Do you have an approved quality control procedure  Yes  No

If yes, provide an uncontrolled copy of your Quality Assurance Program in PDF format.

Are you ISO Certified?  Yes  No

If so to which type of QA Program ISO 9001  ISO 9002  ISO 9003

Name of ISO Registering Body: \_\_\_\_\_

Expiry date of current Registration \_\_\_\_\_

*If yes, attach a copy of registration certificates.*

List codes and standards to which your company and welders are qualified (ASME, API, ANSI, CSA etc.) Include any sections/divisions e.g. CSA 47.1 Divn 2.1.

---

---

---

---

---

---

List ASME/Boiler Certificates of Authorization (if applicable):

| Symbol | Certificate No. | Expiration Date |
|--------|-----------------|-----------------|
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |

List National Board Certificates of Authorization/Affiliation (if applicable):

| Symbol | Certificate No. | Expiration Date |
|--------|-----------------|-----------------|
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |
|        |                 |                 |





# CONTRACTOR REGISTRATION QUESTIONNAIRE

---

## 11.0 SUPPLIER QUALITY CONTROL

Does your company perform a quality audit on its suppliers prior to use to evaluate their ability to supply acceptable materials/products?  Yes  No

Does your company perform quality surveillance on your suppliers?  Yes  No

If yes, how frequent? \_\_\_\_\_

If these surveillance and quality audits are performed, are the results available for Bantrel review?  
 Yes  No

## 12.0 PROJECT CONTROLS

Do you have a standardized method for project controls for cost, schedule and performance measurement reporting? Provide details.

---

## 13.0 INFORMATION SUBMITTAL

Company to confirm the following documents, as detailed elsewhere herein, have been forwarded to Bantrel for posting along with your Contractor Registration Questionnaire. Electronic versions, via email of your HSE Manual and Quality Assurance Program, and related documents, in MS-Word format, are preferable.

All electronic documents will be converted to Adobe Acrobat (.pdf) format to allow viewing and prevent editing. Documents that are samples of completed forms will also be converted to Adobe Acrobat format.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| ▪ Copy of current organization chart                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Copy of all insurance certificates                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Environment, Health and Safety Manual                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ WCB Release Letter                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ WCB Premium Rate Statement (current & 2 previous yrs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Certificate of Recognition                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Quality Assurance Program                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ ISO Certificates                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Failure to submit any of these documents along with your Contractor Prequalification Questionnaire will delay the processing and posting of your corporate profile by the Bantrel Contracts Department.

**The signatory of this questionnaire guarantees the trust and accuracy of all responses given herein. Information submitted by:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

