

## SUPPLIER HEALTH, SAFETY AND ENVIRONMENT QUESTIONNAIRE

<b>Supplier Name:</b>		<b>Date:</b>		
<b>Injury Experience / Historical Performance</b>				
Use the previous three years injury and illness records to complete the following:				
	<b>3 Years Prior Calendar YTD</b>	<b>2 Years Prior Calendar YTD</b>	<b>Previous Calendar YTD</b>	<b>Current Calendar YTD</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	Any occupational injury or illness requiring treatment provided by a physician or treatment provided under the direction of a physician.			
2 Restricted Work Day Case	Any occupational injury or illness that prevents a worker from performing any of his/ her craft jurisdiction duties.			
3 Lost Time Injury Cases	Any occupational injury that prevents the worker from performing any work for at least one day.			
4 Total Recordable Frequency Rate	Total number of Medical Treatment, Restricted Work and Lost Time Injury cases multiplied by 200,000 then divided by total person hours.			
5 Lost time Frequency Rate	Total number of Lost Time Injury cases multiplied by 200,000 then divided by the total person hours.			
<b>Workers' Compensation Board (WCB) Experience</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:</b>				
<b>Industry Code:</b>	<b>Industry Classification:</b>			
	<b>3 Years Prior Calendar YTD</b>	<b>2 Years Prior Calendar YTD</b>	<b>Previous Calendar YTD</b>	<b>Current Calendar YTD</b>
Industry Rate				
Supplier Rate				
% Discount or Surcharge				
Is your WCB account in good standing? (If yes, provide a WCB Clearance Letter (or equivalent) confirmation in PDF format)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Citations, Violations or Incidents</b>				
Has your company been cited, charged or prosecuted for any safety or environmental infringement offences in the last three years?				
(If yes provide details)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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<b>Supplier Name:</b>		<b>Date:</b>	
<b>Certificates, Special Recognition Awards</b>			
Does your company have any third party certification, e.g., ISO 14001 / 9001, COR, any Safety or Environmental recognition achievements over the past three years?			
<input type="checkbox"/> Yes (If Yes, please provide a copy[s])	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>HSE Programs</b>			
Do you have a written HSE program manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If yes, attach a Table of Contents for the HSE Manual</b>			
<b>Substance Abuse Program</b>			
Do you have a written Drug and Alcohol policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you conduct post incident and/or for cause testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>HSE Activities</b>			
Do you have a hazard assessment process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is pre-job HSE instruction provided before each new task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your company have policies and procedures for environmental protection, spill clean up, reporting, waste disposal, and recycling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Supplier Controls</b>			
Do you hire sub suppliers and/or subcontractors? (If Yes, complete the following)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a sub supplier/subcontractor selection process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does it include a pre-qualification process where HSE is a meaningful part of the consideration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>HSE Personnel</b>			
Provide name and position of your most senior HSE representative			
<b>Name</b>	<b>Position / Title</b>	<b>Indicate Designation CSO / CRSP / CSP / PE / P.ENG</b>	

<b>Document Submission Checklist</b>		
Please ensure that you submit the following documents. Incomplete submissions cannot be evaluated and may result in disqualification.		
Current WCB Clearance Letter (or equivalent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WCB Employer Premium Rate Statements (3 yrs.) (or equivalent)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates or Special Recognition Awards (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HSE Manual Table of Contents	<input type="checkbox"/> Yes	<input type="checkbox"/> No

