SUBCONTRACTOR ASSESSMENT FORM

The Subcontractor Assessment form is required to be fully completed by subcontractors

COMPANY INFORMATION

Company Legal Name:		
Operating As:		
☐ Corporation ☐ Partnership ☐ Registered ☐ Sole Proprietor ☐ Joint Venture ☐ Other:		
Street Address:		
City:	Province:	Postal Code:
Phone Number:	Email:	
Year Established:	Years under Current Ownership & Management:	
Scopes of Work Performed:		
Are you currently Bondable? ☐ Yes ☐ No Current Company Bonding Capacity? Aggregate Value _____ Single Project Limit _____		
WCB Account #:	WCB Industry Code:	
Is the company involved in any current/pending HSE-related judgements, claims, or suits? ☐ Yes ☐ No ☐ N/A		
How many people does your Company presently employ?		

CONTACT INFORMATION

	Name & Title:	Phone Number:	Email Address:
Principal Contact:			
CFO Contact:			
HSE Contact:			

CURRENT PROJECT COMITTMENTS

The following information is to be provided and only relevant at the time of submission

Top three projects in progress (by revenue):		
Project:	Contract Value:	Schedule:
Project:	Contract Value:	Schedule:
Project:	Contract Value:	Schedule:

PROJECT HISTORY

Top three projects completed in the last 5 years (by revenue):		
Project:	Contract Value:	Schedule:
Project:	Contract Value:	Schedule:
Project:	Contract Value:	Schedule:

HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE

The following information is to be provided in addition to the requested documentation listed below.

Number of fatalities (last three years)? ☐ Yes ☐ No ☐ N/A

Number of Lost Time Incidents (LTI): ☐ Yes ☐ No ☐ N/A Quantity: _____

Lost Time Incident Frequency for the last three years (by year):
Current Year: _____ 20____: 20____: 20____:

TRIF (Total Recordable Incident Frequency)**:**
Current Year: _____ 20____: 20____: 20____:

WCB Premium Rate:
Current Year: _____ 20____: 20____: 20____:

OH&S Stop Work Orders (last three years)?
Current Year: _____ 20____: 20____: 20____:

Is the company involved in any current/pending HSE-related judgements, claims, or suits? ☐ Yes ☐ No ☐ N/A

DOCUMENT SUBMISSION

To Be Submitted with this Form Back to CANA for review.

Safety Documents

1. COR/SECOR Certificate
2. WCB Documentation (current year):
   - Clearance Letter
   - Employer Premium Rate Statement
3. Safety Manual - digital format must include:
   - Most recently updated edition, incl. Table of Contents
   - Health and Safety Policy
   - Drug and Alcohol Policy
   - Environmental Policy
   - Workplace Violence and Harassment Policy
   - Joint Health and Safety Committee Policy
4. Safe Work Practice/Safe Job Procedures - as per scope of work

Quality Document

1. Quality statement – if applicable minimum.
2. Quality Manual – If applicable/ available

DECLARATION

The information provided is not intended to qualify or disqualify any subcontractor for working or bidding on CANA projects. The intent is to gather information to better inform CANA of the capacity, qualifications and scopes, history, and quality & safety management program of each subcontractor.

I declare that the information provided is true and accurate to the best of my knowledge and I have the authority to sign this document on behalf of:

Company Name:

Name: Title:

Signature: _____ Date: