



## Appendix A (1) CONTRACTOR HS&E SELF-EVALUATION FORM

This document is intended to provide information on the HS&E performance of contractors who wish to perform work for ATCO Electric.

GENERAL INFORMATION			
Company Name			
Telephone Number		Fax Number	
Street Address	City	Province	Postal Code
Mailing Address	City	Province	Postal Code
Company Website			

Health, Safety & Environment (HSE) Representative:		<input type="checkbox"/> Full time HSE position	
		<input type="checkbox"/> Part time HSE position	
Telephone Number		Fax Number	
Email Address			

Self-Evaluation Form completed by:		Title	
Telephone Number		Fax Number	
Email Address			

Years in Business Under Present Company Name			
Parent Company, if applicable:			
Address:			
Type of Business	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Number of Employees (including part-time):			

ATCO Electric Contact Name	
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COMPANY INFORMATION		
Are there any judgments, claims or lawsuits pending / outstanding against the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the company currently in good standing with the WCB in Alberta?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please attach a current copy of the following: <ul style="list-style-type: none"> <li>• WCB Clearance Letter</li> <li>• WCB Experience Rate Statement</li> </ul>		
Does the company currently carry a minimum of \$2,000,000 for the following types of insurance?		
Automobile	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Forest/prairie fire fighting expenses (clearly stated on certificate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please attach current insurance certificates clearly specifying the level of coverage and listing ATCO Electric as a certificate holder.		

CONTRACT SERVICES
Contractor Services Provided
Please list all work activities the company provides:

PERSONAL PROTECTIVE EQUIPMENT
<b>The following items are mandatory on all ATCO Electric work sites:</b>
Safety boots, CSA Z195 Grade 1
Safety glasses, CSA Z94.3
Hard hats, lateral impact, CSA Z94.1
Please list all additional Personal Protective Equipment (PPE) that employees are required to wear.

HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE				
ITEM	CURRENT YEAR	3 PREVIOUS YEARS		
Number of Fatalities (Provide details in a separate attachment)				
Number of Lost Time Incidents (LTI)				
Number of Work Days Lost				
Number of Medical Aid Cases (MA)				
Number of Restricted Work Cases (RWC)				
Number of Restricted Work Days				
Number of First Aid Incidents (FA)				
Total Worker Hours				
Number of Vehicle Incident (VI)				
Total Kilometres Driven				
Releases of liquid pollutants to land or water that are reportable to government authorities				
Non-compliance to legislation that is reportable to government authorities				

**NOTE: Each incident/case should be recorded in ONE CATEGORY ONLY, according to the highest severity level applicable (e.g., if a Medical Aid case becomes a Lost Time Incident, the case must be recorded as an LTI and removed from the MA category).**

**\*Please see Appendix 1 for definitions**

<b>HEALTH, SAFETY AND ENVIRONMENTAL PERFORMANCE</b>		
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<p>Has the company received any stop work orders or compliance orders from Alberta Workplace Health and Safety, or environmental protection Orders from Alberta Environment or equivalent government agencies (federal or provincial) in the last three years?</p> <p style="margin-left: 20px;">If yes, please explain and describe corrective actions taken.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>Has the company reported any injuries or accidents under Section 18 of the Alberta Occupational Health and Safety Act or equivalent requirements in other provinces in the last three years?</p> <p style="margin-left: 20px;">If yes, please explain.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>Has anyone in the company been charged or convicted under any health and safety or environmental legislation (e.g., Occupational Health and Safety Act, Environmental Protection and Enhancement Act or the Fisheries Act) in the last three years?</p> <p style="margin-left: 20px;">If yes, please explain.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>CERTIFICATION</b>		
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<p>Does the company have a 'Certificate of Recognition' from the Alberta Partnerships Program and a certifying partner?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<p>Would the company be prepared to provide a copy of the most recent Certificate of Recognition external audit (if requested)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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HEALTH, SAFETY AND ENVIRONMENT MANAGEMENT SYSTEM		
Does the company have a substance abuse program that addresses employee consumption of alcohol and drugs, both on and prior to entering the worksite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company perform post incident Drug and Alcohol testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the company have a process in place to support this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are employees instructed to report all incidents and near misses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What process does the company use to follow up all incident/accident reports?		
Are the company's subcontractors required to have a Partnerships Program 'Certificate of Recognition'?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What process does the company use to inform employees and subcontractors about revisions to the HSE programs, practices, procedures, and rules?		
Does the Company have a Joint HSE committee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often does the company hold HSE meetings? _____		
Who is required to attend HSE meetings?		



HEALTH, SAFETY and ENVIRONMENT TRAINING		
Approx. how long does new and transferred employee orientation take? _____		
Are employees provided with an HS&E orientation booklet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What methods does your company use to measure the success of its HSE Program?		
Have employees who will be performing work for ATCO Electric received training in:		
Contractor Safety Training System (CSTS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazard assessment, recognition and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency situations, such as forest fires & working alone in remote areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H2S Alive	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WHIMIS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation of Dangerous Goods (TDG)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid and CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bear Awareness	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCES			
List the major companies for which your company has provided services.			
Company:			
Contact:		Telephone:	(     )
Describe contracted services:			

Company:			
Contact:		Telephone:	(     )
Describe contracted services:			



**DOCUMENTATION REQUIREMENTS**

Please ensure the following supporting documentation and / or records are submitted with the completed Contractor HS&E Program Self-Evaluation Form:

- WCB Clearance Letter
- Partnerships Certificate of Recognition (COR)
- WCB Experience Statement
- Certificates of Insurance
- HSE Management System
- Training records sample (2-3)
- Tailboard sample

\*Submitted copies are preferred in electronic format

**DECLARATION**

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 \_\_\_\_\_.

Insert Company Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**SUBMIT THIS SELF-EVALUATION FORM TO:**

**Jennifer Jackson, CRSP**  
**ATCO Electric**  
**Corporate HSE**  
**10035 – 105 Street**  
**Edmonton, Alberta**  
**T5J 2V6**  
[jennifer.jackson@atcoelectric.com](mailto:jennifer.jackson@atcoelectric.com)

## **Appendix 1 DEFINITIONS:**

### **LTI (Lost Time Incident)**

Any work-related injury that causes a worker to miss at least one day of work.

### **MA (Medical Aid)**

Any work-related injury that involves neither lost workdays nor restricted workdays, but which requires treatment by a physician or other medical professional. Medical Aid does not include first aid treatment, even if treatment is provided by a physician or other registered professional medical personnel.

### **RWC (Restricted Work Case)**

Any work-related injury that causes a worker to be restricted to modified duties.

### **Restricted Work Days**

Number of calendar days that employee missed work due to injury/occupational illness.

### **FA (First Aid)**

Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters and so forth, which do not ordinarily require medical care by a physician. Such treatment and observation are considered first aid even if provided by a physician or other registered professional medical personnel.

### **VI (Vehicle Incident)**

Work-related driving incidents which involve a worker-used vehicle on any roadway and which result in damages to the vehicle, excluding normal wear and tear.