



MANN ENGINEERING
ENERGY MANAGEMENT SPECIALISTS

CONTRACTOR PRE-QUALIFICATION FORM

Company Identification:

OFFICE USE ONLY

1. Company Name: _____ Telephone: _____
Mailing Address: _____ Fax: _____
_____ E-mail: _____

2. Form of Business: Sole Owner Partnership Corporation

3. Officers:	Years with Company	
President / C.E.O.:	_____	_____
Vice-President:	_____	_____
Treasurer:	_____	_____
Supervisor:	_____	_____

4. How many years has your organization been in business under your present name? _____

5. Parent Company Information:
Parent Name: _____
City: _____ Province: _____ Postal / Zip Code: _____
Subsidiaries: _____

6. Under Current Management Since (Date:) _____

7. Insurance Contact Information:
Title: _____ Telephone: _____ Fax: _____

8. Insurance Carrier(s):	Type of Coverage:	Telephone:	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Organization:

9. Describe nature of work your company specializes in:

<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	_____

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10. Solar Experience:

- Low Voltage: (Describe)
- High Voltage: (Describe)

11. Are any of the above services you normally perform subcontracted to others? Yes No

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Company Work History:

12. Jobs completed in the past 3 years that may be contacted for reference: (provide at least 3)

Customer Name: _____
 Address & Telephone: _____
 Type of Work: _____
 Contract Value: _____
 Customer Contact: _____
 Customer Fax #: _____

Customer Name: _____
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 Type of Work: _____
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Customer Name: _____
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 Type of Work: _____
 Contract Value: _____
 Customer Contact: _____
 Customer Fax #: _____

13. Are there any judgements, claims or suits pending or outstanding against your company? Yes No

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14. Have you received any regulatory (MOL, MOE, etc.) orders and/or prosecutions in the last 3 years? Yes No

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15. Do you have involvement in organizations such as the Construction Safety Association, Industrial Accident Prevention Association? If yes, please name:

Safety & Health Performance:

16. Can you provide proof of Workplace Safety and Insurance? (Certificate of Clearance) Yes No

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17. Is your company experience rated (CAD-7, NEER)? *(If yes, attach CAD-7 reports for the last 3 years and go to item 18. If no, complete item 17.)* Yes No

18. Has an employee of your company suffered a work related fatal accident or "critical injury" as defined by the Ontario Occupational Health & Safety Act? Yes No

19. Has your company ever been subjected to a Work-well Audit? If yes, what was your final score? _____ Yes No

Safety & Health Program and Procedures:

20. Do you have a written Health & Safety Policy? Yes No
 Do you have a written Safety and Health Program? Yes No
 Does the program address the following key elements?

a) Management commitment and expectations Yes No
 b) Employee participation Yes No

c) Accountabilities & responsibilities for managers, supervisors, and employees Yes No

d) Resources for meeting safety and health requirements Yes No

e) Periodic safety and health performance appraisals for employees Yes No

f) Hazard recognition and control Yes No

21. Does the program include work practices and procedures such as: Yes No

a) Equipment Lockout and Tag-out (LOTO) Yes No

b) Confined Space Entry Yes No

c) Fall Protection Yes No

d) Personal Protective Equipment Yes No

e) Portable Electrical / Power Tools Yes No

f) Vehicle Safety Yes No

g) Compressed Gas Cylinders Yes No

h) Electrical Equipment Grounding Assurance Yes No

i) Powered Industrial Vehicles (Cranes, Forklifts, etc.) Yes No

j) Housekeeping Yes No

k) Accident / Incident Reporting Yes No

l) Unsafe Condition Reporting Yes No

m) Emergency Preparedness, including Evacuation Plan Yes No

n) Waste Disposal Yes No

o) Respiratory Protection Yes No

p) Designated Substance Management Yes No

22. Do you have a policy for the termination of contracts of subcontractors who do not comply with the Occupational Health & Safety Act and Regulations and or Company Rules and Policies? Yes No

23. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? *(If no, provide a description of your plan to assure that they can safely perform their jobs.)* Yes No

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24. Medical

- | | | | |
|----|---|--|---|
| a) | Do you have personnel certified in Standard Care First Aid? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| b) | Do you have an emergency plan in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| c) | Are First Aid Kits provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

25. Personal Protective Equipment (PPE)

- | | | | |
|----|---|--|---|
| a) | Is application PPE provided for employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| b) | Do you have a program to assure that PPE is inspected and maintained? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| c) | Are employees trained in PPE use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

26. Do you have a corrective action process for addressing individual safety and health performance deficiencies?

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|--|---|

27. Equipment & Manuals

- | | | | |
|----|--|--|---|
| a) | Do you conduct inspections on operating equipment (e.g. cranes, forklifts, etc.) in compliance with regulatory requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|--|--|---|

- | | | | |
|----|---|--|---|
| b) | Do you maintain operating equipment in compliance with regulatory requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|---|--|---|

- | | | | |
|----|--|--|---|
| c) | Do you maintain the applicable inspection and maintenance certification records for operating equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|--|--|---|

- | | | | |
|----|-------------------------------------|--|---|
| d) | Are records available upon request? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|-------------------------------------|--|---|

28. Subcontractors

- | | | | |
|----|---|--|---|
| a) | Do you use safety and health performance criteria in selection of subcontractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|---|--|---|

- | | | | |
|----|--|--|---|
| b) | Do your subcontractors have a written health and safety program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|--|--|---|

- | | | | |
|----|--|--|---|
| c) | Do you include your subcontractors in: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| | • Safety and Health Orientation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| | • Safety and Health Meetings | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| | • Inspections | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
| | • Audits | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |

29. Safety & Health Training

- | | | | |
|----|--|--|---|
| a) | Do you know the regulatory safety and health training requirements for your employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|--|--|---|

- | | | | |
|----|--|--|---|
| b) | Have your employees received the required safety and health training and retraining? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|--|--|---|

- | | | | |
|----|--|--|---|
| c) | Do you have a specific safety and health training program for supervisors? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|--|--|---|

30. Job Skills

- | | | | |
|----|--|--|---|
| a) | Have employees been trained in appropriate job skills? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|--|--|---|

- | | | | |
|----|---|--|---|
| b) | Are employee job skills certified where required by regulation or industry standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
|----|---|--|---|

- | | | | |
|----|--|--|---|
| c) | Are certificates available upon request? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <div style="border: 1px solid black; width: 100%; height: 20px;"></div> |
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31. Training Records

- a) Do you keep safety, health, and job skills training records for employees? Yes No

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- b) Are records available upon request? Yes No

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I agree that the above information is true and correct to the best of my knowledge.

Name:(please print)		Title:	
Signature:		Date:	