

Edge Innovations Inc. is committed to providing a safe workplace for our employees, subcontractors, visitors, and the general public. To qualify to perform work with Edge, subcontractors must provide the following information and agree to obtain the following information from all subcontractors utilized.

COMPANY INFORMATION

Legal Company Name:	Date:
	Company Phone #:
	Email:
Street Address:	
GST #:	Website:

Please include attachments if insufficient room on form for explanations and clarification of responses

ORGANIZATION

Describe Services Provided:
List other types of work within the series you normally perform, that you would subcontract to others:

HSE

Highest Ranking HSE Professional in your organization:	Qualifications:	
Name:	<input type="checkbox"/> CRSP	<input type="checkbox"/> NCSO
Email:	<input type="checkbox"/> ROH	<input type="checkbox"/> CET
Telephone:	<input type="checkbox"/> Trade Cert	<input type="checkbox"/> P. Eng
	<input type="checkbox"/> CHSC	<input type="checkbox"/> Other
Do you have or will you provide:		
A full-time HSE Representative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A full-time on-site HSE Representative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any employee been barred from working on any site as a Supervisor, Foreman, or Project Manager, due to HSE issues or concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please attach explanation.		

HSE PERFORMANCE

WCB Account #:

Industry Code:

Please provide a copy of current WCB Clearance Letter and Experience Rating Letter

Provide the following from the past 3 years and current YTD:

2019

2020

2021

2022 YTD

Industry Premium Rate:

Industry Rate Adjustment %:

Surcharge or Discount:

Employers Premium Rate:

of Fatalities:

of Lost-Time Incidents (LTI)

of Days Lost:

of Medical Aid Injuries (MA):

of Restricted Work Case Injuries (RWC):

of First Aid Injuries (FA):

Exposure Hours Worked:

Total Recordable Incident Frequency (TRIF):

Lost-Time Incident Frequency (LTIF):

Severity Rate:

Calculations:

$$\text{TRIF} = \frac{(\# \text{ MA} + \# \text{ RWC} + \# \text{ LTI}) \times 200,000}{\text{Exposure Hrs}}$$

$$\text{LTIF} = \frac{\# \text{ LTI} \times 200,000}{\text{Exposure Hrs}}$$

$$\text{Severity} = \frac{\text{LTI Days} \times 200,000}{\text{Exposure Hrs}}$$

Note: If WCB Experience Rating is a Surcharge or TRIF is above 2.00% in any requested year, please attach applicable Incident Summary Reports with Corrective Actions

Has your company been cited, charged, or prosecuted for any Occupational Health & Safety non-compliance or Environmental Offences in the past three years? ☐ Yes ☐ No

If yes, please attach explanation.

HSE PROGAMS & MEMBERSHIPS

Does your company have a written HSE Program?

☐ Yes

☐ No

Does your company have an Alcohol & Drug Policy?

☐ Yes

☐ No

Does your company have an Environmental Policy?

☐ Yes

☐ No

Does your company have a current COR Certificate?

☐ Yes

☐ No

Is your company a member of the following (provide certificate and current status of membership):

ISNetWorld	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avetta (formerly PICS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ComplyWorks	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUBCONTRACTOR MANAGEMENT

Does your company evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process? ☐ Yes ☐ No

Are subcontractors included in:

Audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Morning Toolbox Meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporate HSE Meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HSE Orientations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HSE Inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

INSURANCE

Please provide a General Certificate of Insurance listing your firm's:

1. Automobile Liability,
2. Commercial General Liability, and
3. Professional Liability (if applicable).

QUALITY ASSURANCE/QUALITY CONTROL

Does your company have a Quality Management (QA/QC) Program that meets the applicable jurisdictional requirements, laws, codes, and regulations? ☐ Yes ☐ No

Name of Registering Body:

List all QA/QC programs with active registrations/certifications:

ADDITIONAL DOCUMENTS

Based on the information submitted within this form, Edge Innovations Inc. may require additional information to complete the prequalification process that could include:

→ Project-Specific Safety Plan	→ Toolbox Meeting Expectations
→ HSE Policy	→ Training Matrix
→ Drug & Alcohol Policy	→ Incident Management Program
→ Environmental Policy	→ Modified Work Program Information
→ HSE Manual Table of Contents	→ Incident Summary, including Causes and Actions
→ Hazard Assessment Process	→ Safety Meeting Expectations

→ Quality Management System

→ Inspection and Test Plans

CONTACT INFORMATION

This document was completed by:

Name:

Title:

Date:

Signature:

Point of contact for questions relating to this document:

Name:

Title:

Email:

Point of contact for Estimating/Proposals:

Name:

Title:

Email

INTERNAL USE ONLY

The above Subcontractor is:

1. Approved to work without a Risk Mitigation Plan ☐
2. Approved to work with a Risk Mitigation Plan ☐
3. Not approved to work ☐

Comments:

Reviewer Name:

Reviewer Title:

Date:

Reviewer Signature: