



COUNTY OF NORTHERN LIGHTS

POLICY

SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

PURPOSE

The purpose of this program is to improve subcontractor health, safety, and environmental performance and establish a standard for pre-qualification, evaluation/selection and development of our subcontractors.

SCOPE

This policy and procedure shall apply to and be communicated to all County of Northern Lights employees, contract employees, consultants, and contractors working for County of Northern Lights.

POLICY

Prequalifying potential safe subcontractors for hiring consists of obtaining and reviewing written health, safety, and environmental programs including training documentation applicable to the type of work the subcontractor will perform.

Past performance is a key indicator of future performance. HSE statistics showing all aspects of safety history, safety programs, training and training documents, along with insurance coverage should be analyzed to ensure that only safe subcontractors are hired. The subcontractor's WCB rate sheets must be obtained and their performance compared to others in their industry. Those who outperform the industry should be selected whenever practicable.

This evaluation consists of categorizing potential subcontractors into three categories, based on the above information:

- Class 1
- Class 2
- Unacceptable

Subcontractor qualifications shall be updated and reviewed annually or as may be required by legislation and/or client requirements. A subcontractor may submit a prequalification form at any time for evaluation if and where their status has changed.

Subcontractors will be included in all orientations, pre-job meetings, kick-offs, tailgate meetings, job and task hazard analysis. Safety inspections will include inspection of subcontractors' work during the progress of any job. Evaluations of subcontractors' safety performance will be included in all post job reviews.

CLASS 1

All of the following expectations must be met or exceeded:

- COR or equivalent externally audited Health and Safety Program
- Proven safety record with over 3 years work related experience
- Orientation that is IGSO (Industry General Safety Orientation) compliant
- Total Recordable Injury Rate under 4.0
- Demonstrated Management commitment to QHSE policies and directives
- Training is provided/required for employees must meet a minimum 6 of the 7 training types.
- Training is provided/required for employees must meet all of the 3 training programs.
- Good Standing with the WCB
- Sufficient insurance

The subcontractor's documentation and history will be reviewed. If the subcontractor's HSE program is deemed to meet or exceed that of County of Northern Lights, they will be accepted as Class 1. They must attend County of Northern Lights orientation, as well as the Client's orientation. County of Northern Lights must ensure that subcontractors are aware of the Client's Drug and Alcohol policy. Subcontractors must adhere to the requirements of the Drug and Alcohol policy at all times while at the work site.



COUNTY OF NORTHERN LIGHTS

POLICY

SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

Class 1 subcontractors shall be included in pre-job kick-off meetings held by County of Northern Lights management/supervisory personnel before any work commences, which should include information from hazard assessments and any other safety or operational concerns. Where necessary, subcontractors must be provided a site orientation that addresses health, safety, security, and/or environmental concerns.

County of Northern Lights must ensure that subcontractors are aware of incident reporting requirements. Subcontractors must report all incidents to County of Northern Lights's management/supervisory personnel immediately. If a subcontractor is involved in an incident, County of Northern Lights is responsible for reporting the incident to the Client. County of Northern Lights must ensure each incident is investigated, and must participate in each investigation, and ensure that all related documentation has been completed correctly and in a timely fashion.

Post-job performance reviews are conducted for subcontractors. Post-job performance reviews should be conducted for subcontractors. A combination of factors may be considered including, but not limited to, housekeeping, cost, and active participation in safety meetings and quality of work.

CLASS 2

All of the following expectations must be met or exceeded:

- SECOR or No COR, HSE program audited internally or externally
- Unproven Safety record with less than 3 years' work-related experience
- No Orientation or limited orientation that is not IGSO compliant
- TRIR over 4.0, but under 6.0
- Demonstrated Management commitment to QHSE policies and directives
- Training is provided/required for employees as a minimum 3 of the 7 training Types
- Training is provided/required for employees as a minimum 1 of the 3 training Programs
- Good Standing with the WCB
- Sufficient insurance

UNACCEPTABLE

- Subcontractors that do not have a Health and Safety program, or are not in the process of achieving one
- Subcontractors not in good standing with the WCB
- Subcontractors without sufficient insurance

DOCUMENTATION

The attached subcontractor pre-qualification form is documentation that new 3rd party sub-contractors are required to fill out and submit back to County of Northern Lights when working under County of Northern Lights's Health and Safety Plan. If County of Northern Lights is hiring a sub-contractor to work on our jobsite, and they have never worked for County of Northern Lights before, then it is our responsibility to ensure this documentation is fully and completely filled out and approved before they go to work for County of Northern Lights. The purpose of this form is to verify that the company being hired has a good safety record, training, credit record, and insurance.



COUNTY OF NORTHERN LIGHTS
POLICY
SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

COMMUNICATION

As per the company's Safety Management System Manual, and corporate communication policy, all applicable policies and procedures are reviewed with all new employees prior to engaging in any work activities (during orientation) and annually with seasonal/returning employees (refresher training).



COUNTY OF NORTHERN LIGHTS

POLICY

SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

SECTION 1.0 GENERAL INFORMATION				
Date:	Company Name:			
Company Address:	Company Phone Number:			
Number of Years in Business:	Number of Employees:			
Main Type of work:				
Legend (for Company use) Pass P 2 Conditional Pass CP 1 Fail F 0 Not Applicable n/a				
SECTION 2.0 HEALTH, SAFETY & ENVIRONMENTAL RESPONSIBILITIES				
Do you have or provide a full time health, safety and environmental representative?				
a) Home Office	Yes ☐	No ☐		
b) Field	Yes ☐	No ☐		
If No, provide details:				
If Yes, provide details below:				
Name:	Position / Title:			
Phone:	Email:			
SECTION 3.0 PAST SAFETY PERFORMANCE				
Worker's Compensation Premium Rating Please submit copies of the Employer Premium Rate Statements and Experience Rating Claims Costs for the past three years and the current year. Provide additional details if working in multiple provinces.				
Year	2	2	2	2
Industry Rate				
Employer's Rate				
Discount/Surcharge %				
Health, Safety and Environment Statistics Please provide the following statistics for the past four years:				
Statistics- Year	2	2	2	2
No. of fatalities				
No. of lost time cases (LTC)				
No. of medical aid cases (MAC)				
No. of restricted work day cases (RWC)				
No. of reportable spills and releases				
No. of hours worked				



COUNTY OF NORTHERN LIGHTS
POLICY
SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

Total Recordable Case Rate (TRCR)				
TRCR = $\frac{\text{\# of Recordable Injuries (MAC + RWC + LTC + Fatalities)} \times 200,000}{\text{Total Number of Hours Worked}}$				
Please indicate if the above statistics follow OSHA Guidelines or WCB/WSIB Guidelines				
Without compromising privacy laws, please provide a brief description of all health and safety recordable/reportable incidents listed above, including corrective actions taken.				
Has your company received a government issued stop work order or equivalent in the last 3 years?	Yes ☐	No ☐		
<i>If yes, please explain and provide details of corrective actions taken:</i>		P 2 CP 1 F 0		
Has your company been cited, charged or prosecuted in Canada for a health, safety or environmental non-compliance in the last 3 years?	Yes ☐	No ☐		
<i>If yes, please explain and provide details of corrective actions taken:</i>		P 2 CP 1 F 0		
Has your company had any reportable environmental spills and releases in the last 3 years?	Yes ☐	No ☐		
<i>If yes, please explain and provide details of corrective actions taken:</i>		P 2 CP 1 F 0		
SECTION 3.0 HEALTH, SAFETY & ENVIRONMENTAL (HSE) MANAGEMENT SYSTEM				
(Please provide a copy of your health, safety and environmental manual, and reference the applicable				



COUNTY OF NORTHERN LIGHTS

POLICY

SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

sections below.)

System Elements

Do you have a Health, Safety and Environmental Policy?

Yes ☐

No ☐

Please provide details of the policy's content.

P 2
CP 1
F 0

Do you have a substance abuse program? (please attach)

Yes ☐

No ☐

Please provide details of your company's substance abuse policy, including testing requirements.

P 2
CP 1
F 0

Do you perform hazard assessments?

Yes ☐

No ☐

Please describe the process for identifying hazards, and the implementation of control measures.

P 2
CP 1
F 0

Are workers involved in the selection and implementation of hazard controls?

Yes ☐

No ☐

Please identify practices and procedures that your company has developed to address the specific hazards associated with the work your company completes.

P 2
CP 1
F 0

Do you have waste management processes and procedures?

Yes ☐

No ☐

If yes, provide details:

P 2
CP 1
F 0

Do you perform formal inspections?

Yes ☐

No ☐

Provide details of your inspection process including frequency, documentation and communication of corrective actions.

P 2
CP 1
F 0



COUNTY OF NORTHERN LIGHTS
POLICY
SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

Do you utilize equipment during work activities?	Yes ☐	No ☐	
<i>Provide a list of applicable equipment, and describe employee training, maintenance and inspection processes.</i>		P 2 CP 1 F 0	
Do you have a health, safety and environmental orientation for new hires?	Yes ☐	No ☐	
<i>Please describe the content of the orientation.</i>		P 2 CP 1 F 0	
Do you provide health, safety and environmental training to your employees?	Yes ☐	No ☐	
<i>Please identify the types of training provided, and how you determine training needs.</i>		P 2 CP 1 F 0	
Do you provide health, safety and environmental training for supervisors and managers?	Yes ☐	No ☐	
<i>If yes, provide details:</i>		P 2 CP 1 F 0	
How do you verify understanding of training? (Check all that apply):			
Written Test ☐ Job Monitoring ☐ Performance Test ☐ Oral Test ☐			
Do you keep training records for your employees?	Yes ☐	No ☐	
Do you have emergency response plans for each of your work sites? If so, do the plans have the following elements?	Yes ☐	No ☐	
• List of emergency response personnel with contact information	Yes ☐	No ☐	P 2 CP 1 F 0
• Communication procedures	Yes ☐	No ☐	
• List of emergency equipment and their location	Yes ☐	No ☐	
• Instructions on how to use emergency equipment	Yes ☐	No ☐	
• First aid requirements	Yes ☐	No ☐	
• Evacuation procedures	Yes ☐	No ☐	
• Spill Response Procedures	Yes ☐	No ☐	
• Other (Please specify):	Yes ☐	No ☐	
Do you have emergency response drills?	Yes ☐	No ☐	



COUNTY OF NORTHERN LIGHTS

POLICY

SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

If yes, date of the last drill:			P 2 CP 1 F 0
Are drills analyzed to identify deficiencies?	Yes ☐	No ☐	
Are incidents, hazards and close calls reported within your company?	Yes ☐	No ☐	
Please describe your reporting process.			P 2 CP 1 F 0
Are investigations into incidents and hazards conducted?	Yes ☐	No ☐	
Describe the investigation process, including root cause analysis, documentation, and communication of results.			P 2 CP 1 F 0
Do you hold documented safety meetings for employees and subcontractors?	Yes ☐	No ☐	
If yes, provide details of your safety meeting process:			P 2 CP 1 F 0
Do you employ subcontractors?	N/A ☐	Yes ☐	No ☐
If yes, provide details of your subcontractor selection and HSE prequalification process:			P 2 CP 1 F 0
Do you communicate client contract/HSE requirements to employees and contractors?	Yes ☐	No ☐	
If yes, please provide details of how this is accomplished:			P 2 CP 1 F 0
Do you audit your Health, Safety and Environmental Management System annually?	N/A ☐	Yes ☐	No ☐
If yes, the date of the last audit:			P 2 CP 1 F 0
Are the results of audits communicated with employees?	Yes ☐	No ☐	
Is an action plan developed for implementing suggestions for improvement?	Yes ☐	No ☐	
Audit instrument used for the audits:			



COUNTY OF NORTHERN LIGHTS
POLICY
SUBCONTRACTOR PREQUALIFICATION

CREATED: 2/9/2025

REVISED:

TOTAL PAGES: 9

Comments:

SECTION 4.0 ADMINISTRATIVE DETAILS

Individual completing this questionnaire:

Name: Position / Title:

Phone: Email:

Signature:

INTERNAL USE ONLY

Reviewed By: Please Print Clearly Date:

Position Title, Department

STATUS

APPROVED ☐

Comments:

UNACCEPTABLE ☐

Comments:

CLASS 1 ☐

Comments:

CLASS 2 ☐

Comments:

Chief Elected Official

Chief Administrative Officer