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| COMPANYNAME | Contractor Management Questionnaire  |
| Site: | Document ID: |
| Author: | Category: |
| Approver: | Approval Date:  | Rev. No.:  |
| Document Location: |

1. **Instructions:**

Read all questions and answer as fully as possible.

1. **Company General Information:**

Contract Company’s Name:

*(if more than one company name falls under the same Safety Program, Liability Insurance and WCB/WSIB, please list them. Otherwise complete a separate form for each entity doing work for COMPANYNAME)*

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Work:

*(List the types of work your company performs. For example: building maintenance, truck repair, etc.)*

Your Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Main COMPANYNAME Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the frequency of your work for COMPANYNAME:

□ Daily □ Weekly □Monthly □ Yearly □ One-time □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Liability Insurance**

Does your company carry liability insurance? □ Yes (attach a copy) □ No

*(Certificate must be current, show expiry date and signed by insurer)*

1. **Workers Compensation Coverage**

Please provide WCB/WSIB account number for every province your company does work in for COMPANYNAME:

□ Manitoba: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Saskatchewan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Alberta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Ontario: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Certificate or Recognition (COR)**

Does your company have a COR or Small Employer COR (SECOR)? □ Yes □ No

1. **Safety Program**

Does your company have a Safety Program in place? □ Yes □ No

Are your employees trained for the work they will be doing for COMPANYNAME? □ Yes □ No

If No, explain:

Do your employees have the following training? (check all that apply)

□ WHMIS □ TDG □ Commercial Driver □ Confined Space Entry □ Respiratory Protection

□ Trade Certificates (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Roadway Carrier Requirements**

Only complete this section if you are a Contractor hired to carry waste, recyclables or products on behalf of COMPANYNAME.

Are there any limitations on your insurance coverage (e.g.: only insured within 500 km radius of home office)? □ No □ Yes (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be transporting hazardous waste in/through Manitoba? □ No □ Yes

(LT license #): \_\_\_\_\_\_\_\_\_\_\_

A copy of your Safety rating report or Certificate for the latest year is attached. □ Yes □ No

Do you have a Drug & Alcohol Policy? □ No □Yes (attach a copy)

1. **Subcontractors**

You agree to confirm all subcontractors you hire will meet at least the same criteria as you have provided herein (e.g. WCB coverage, insurance, etc.). □ Yes □ No

1. **Information Verification**

By signing this document you attest to the truthfulness of the information provided.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name & title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date