



Contractor Pre-qualification profile and Questionnaire

Company Name _____

Date _____

1. GENERAL INFORMATION	
Company Name:	Telephone Number:
Web site:	E-mail address:
Address:	
Contact Name:	
Affiliates and Subsidiaries:	

Company Officers and Key Personnel			
POSITION	NAME	PHONE NUMBER	YEARS WITH COMPANY

Please attach an organization chart if available

Are any Company officers, directors or key personnel former or present Vale employees? <i>If so, please attach a list</i>
Is your company related in any way to Vale? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many years has your organization been in business under your present firm name?
Under current management since (Date):

Contact Name for requesting bids or rates:		
Title:	Telephone:	E-mail:

This <i>Pre-qualification Profile</i> completed by:		
Title:	Telephone:	E-mail:
I certify the information provided in this Profile to be true and correct:		
Signature:		Date:

2. ORGANIZATION

Form of Business: Sole Owner Partnership Corporation
 Private Public Innu Inuit

Percentage Owned:

Check Services Offered:

- | | |
|--|---|
| <input type="checkbox"/> Construction: civil | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Construction: mechanical | <input type="checkbox"/> Service (janitorial, clerical, etc.) |
| <input type="checkbox"/> Construction: electrical | <input type="checkbox"/> Manpower & Resources |
| <input type="checkbox"/> Construction: structural | <input type="checkbox"/> Transportation / Carriage |
| <input type="checkbox"/> Construction: instrumentation | <input type="checkbox"/> Leasing |
| <input type="checkbox"/> Construction Design | <input type="checkbox"/> Equipment Rentals (general) |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Storage & Warehousing |
| <input type="checkbox"/> OEM and Installer | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> OEM and Maintenance | <input type="checkbox"/> Safety Health and Environmental Management |

Describe any additional services offered (attach a list if necessary):

Attach a list of types of work within the services you normally perform that you subcontract (broker) to others.

Attach a list and description of alliances with other companies.

Attach a list and description of work where you employ or have an alliance with the Innu and/or Inuit.

Attach a list and description of offices, shops, terminals and locations and other physical plant and facilities or attach an information brochure describing same, plus a description of any plans for expansion.

Attach a list of the major equipment your company has available for work at this facility, and the method of establishing the competencies to operate this equipment. Please include operating authorities, licenses, CVOR (Commercial Vehicle Operator Registration), Carrier Safety Rating, other safety rating, relevant tariffs, government certificates or any other pertinent documents. Attach a list and description of your forecasting tools for both labour and material.

Number of employees: Direct: Contract:

List of union affiliations and contracts:

Trade	Affiliation	Expiry Date

Total Annual Sales Last Year (\$CDN):

Total Sales to Vale Last Year (\$CDN):

What %age of your total sales represents work done by subcontractors (brokers)?

Name of Bank:

Financial Rating:

Net Worth:

Operating Ratio for the past three years:

20__

20__

20__

3. FINANCIAL STATEMENT										
Is Certified Financial or Income Statement, including net worth statement, available? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach latest statement copy. (Check box if statement is attached)										
Performance Bonds Can the Company provide Performance / Payment Bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, why not) Maximum Amount :										
Bonding Agency :										
Guarantee Are the principals of the Company &/or the parent company, willing to provide a full, unconditional letter of guarantee of financial responsibility for any work awarded to the business? <input type="checkbox"/> Yes <input type="checkbox"/> No										
General Are there any judgments, claims or suits pending or outstanding against the Company or the Parent Company? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes give details in space below)										
Is the Company now, or has the Company ever been, involved in any bankruptcy or reorganization proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes give details)										
Has the Company ever cancelled a contract before completion of the work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes give details in space below)										
<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>										
Backlog Current booked value of contracts: \$	Current backlog expressed in months:									
Current level of Insurance coverage: Include copy of Certificate of Insurance										
LIABILITY:	CARGO:									
Workplace Safety and Insurance Board or Worker's Compensation number:										
If your company uses subcontractors (brokers), are they covered by their own Workplace Safety and Insurance Board or Worker's Compensation plan? Yes <input type="checkbox"/> No <input type="checkbox"/>										
Further information may be appended, e.g. annual report										

4. COMPANY WORK HISTORY		
List Major Customers:		
Company name	Contact person	Telephone

Range of Contract Cost Normally Bid:	Minimum:	Maximum:		
Major Jobs in Progress or Completed in the Past Three (3) Years:				
Client	Job Name	Location	Type of Work / Supply Items	Value

Major Jobs in Progress				
Client	Job Name	Location	Type of Work / Supply Items	Value

5. QUALITY ASSURANCE PROGRAM		
Do you have a formalized quality assurance program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there written procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there internal audits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do plans exist with timelines for 3 rd party registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3rd party registration:	Expiry date	Registrar
ISO 9003 / Z299.4 / Z299.3		
ISO 9002 / Z299.2		
ISO 9001 / Z299.1		
ISO 14001 / ISO 18001		
Other registration:		
Scope of your registration:		

Do you have a formalized structural welding program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Standard:	Expiry date	Division	
CSA W 47.1			
CSA W 47.2			
Other standards:			
On what types of base materials are you certified to weld?			

Do you have a formalized pressure boundary welding program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Registrar	Scope	Expiry date	
TSSA			
ASME			
NB			
Please list the base metal approved TSSA welding procedures along with applicable CRN (Canadian Registration Number).			

6. HEALTH AND SAFETY PERFORMANCE

From the last 3 years (including subcontractors)	20__	20__	20__
Number of fatalities?			
Number of lost time accidents?			
Number of medical aid injuries?			
Total annual direct hire hours worked			
IFR= (<u>No. of lost time accidents * 200,000</u>) annual hrs			

Have you received an Occupational Health & Safety (OH&S)/WCB/WSIB stop work order , or the equivalent from the Ministry of Labour or other Labour jurisdiction in the last three years: Yes No

If yes, describe in an attachment.

Have you been convicted under the OH&S/WCB/WSIB Act in the last three years? Yes No

If yes, describe in an attachment.

7. HEALTH AND SAFETY MANAGEMENT		
Highest ranking safety professional in your organization:		
Title:	Telephone:	Fax:
Do you have a full-time health and safety representative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a written Health and Safety Management Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your safety program address the following key elements?		
Health and Safety policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management commitment and expectations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee participation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accountabilities and responsibilities for managers & employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Resources for meeting health and safety requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Periodic health and safety performance appraisals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazard recognition and control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Modified work program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your program review work practices and procedures such as :		
Equipment Lockout and Tag out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confined space entry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injury and illness recording?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fall protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective Equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Portable Electrical/Power Tools?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vehicle Safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compressed gas cylinders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Equipment Grounding Assurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Powered Industrial Vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Housekeeping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accident/incident reporting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unsafe condition reporting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Preparedness, including an evacuation plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Waste Disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have written programs for the following:		
Hearing Conservation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Protection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WHIMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation of Dangerous Goods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have employees trained to perform First Aid and CPR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is applicable personal protection equipment (PPE) provided for employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a program to ensure PPE is inspected and maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How frequently do you hold safety meetings :		
Are the health and safety meetings documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a health and safety orientation program for new hires and new supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a corrective action process for addressing individual health and safety performance deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach a description of any other operating performance or safety performance monitoring programs or systems you have in place for drivers.		

Do you conduct inspections on operating equipment in compliance with regulatory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you maintain the applicable inspection and maintenance certification records for this equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspections and audits:		
Do you conduct health and safety inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have your Health and Safety Program audited annually? If yes, by whom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you use health and safety performance criteria in the selection of subcontractors (brokers)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you evaluate the ability of subcontractors (brokers) to comply with applicable health and safety requirements as part of the selection process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you include your subcontractors (brokers) in:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health and Safety orientation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health and Safety meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach a description of your process for monitoring and assessing your subcontractors' (brokers') safety performance, including CVOR, Carrier Safety Rating or other safety rating.		

INFORMATION SUBMITTAL	
Please attach copies of the following:	
<input type="checkbox"/>	Health and Safety Policy.
<input type="checkbox"/>	Health and Safety Program.
<input type="checkbox"/>	OH&S/WCB/WSIB (as applicable) - Letter of Good Standing
<input type="checkbox"/>	Provincial Sales Tax - Letter of Good Standing
Is a copy of your Health and Safety Manual available to us, should we need to request it? (Do not submit it at this time)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Individual to contact for clarification or additional information:	
Name:	Telephone:
	Email:

8. ENVIRONMENTAL PERFORMANCE

From the last 3 years (including subcontractors)	20__	20__	20__
Number of Spills?			
Number of environmental incidents?			
Number of environmental regulatory infractions?			
Have you received an environmental order , or the equivalent from the Ministry of Environment or other jurisdiction in the last three years: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, describe in an attachment.</i>			
Have you been convicted under the EPA in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, describe in an attachment.</i>			

9. ENVIRONMENTAL MANAGEMENT		
Highest ranking safety professional in your organization:		
Title:	Telephone	Fax:
Do you have a full-time environmental representative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a written Environmental Management Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your environmental program address the following key elements:		
Environmental policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Management commitment and expectations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee participation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accountabilities and responsibilities for managers & employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Resources for meeting environmental requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Periodic environmental performance appraisals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk recognition and control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency response program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Does your program review work practices and procedures such as :		
Hazard Analysis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WHIMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TDG?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fuel Management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Housekeeping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Accident/incident reporting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unsafe condition reporting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Preparedness, including an evacuation plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Waste Disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment Maintenance Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How frequently do you hold environmental meetings :		
Are the meetings documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an environmental orientation program for new hires and new supervisors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a corrective action process for addressing individual environmental performance deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach a description of any other operating performance or environmental performance monitoring programs or systems you have in place for drivers.		

Do you conduct inspections on operating equipment in compliance with regulatory requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you maintain the applicable inspection and maintenance certification records for this equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inspections and audits:		
Do you conduct environmental inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have your Environmental Program audited annually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, by whom?		

Do you use environmental performance criteria in the selection of subcontractors (brokers)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you evaluate the ability of subcontractors (brokers) to comply with applicable environmental requirements as part of the selection process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you include your subcontractors (brokers) in:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Environmental orientation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Environmental meetings? Inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attach a description of your process for monitoring and assessing your subcontractors' (brokers') safety performance, including CVOR, Carrier Safety Rating or other safety rating.		

INFORMATION SUBMITTAL	
Please attach copies of the following:	
<input type="checkbox"/>	Environmental Policy.
<input type="checkbox"/>	Environmental Program.
<input type="checkbox"/>	Environmental Inspection forms
<input type="checkbox"/>	Environmental Reporting Procedure and Forms
Is a copy of your Environmental Manual available to us, should we need to request it? (Do not submit it at this time)	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Individual to contact for clarification or additional information:</u>	
Name:	Telephone:
	Email:

**If there is insufficient space provided, please
append on a separate page**

VALE USE ONLY

Contractor is: **Acceptable for Approved Contractor's List**

 Not Approved

Reviewed by: _____ Date: _____

 _____ Date: _____

Remarks :

MANAGER APPROVAL: _____

DATE: _____