



Rating Form (Appendix B)

Contractor Name:		Tender / Bid #:	
Date of Rating:	Rating Valid Until:	Rated by:	

The Corporation reserves the right, with notice, to request new or additional documentation during the course of the contract.

Is the documentation submitted **acceptable** to The Corporation?

Element	Description	Yes	No	NA
Safety Record	WSIB Clearance Certificate or Proof of Independent Operator Status (MUST be provided in order to continue with scoring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WSIB Workplace Injury Summary Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WSIB NEER / CAD-7 / MAP Summary Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOL Reports (last 3 years)	History of fatalities or critical injuries (type, number, frequency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	History of MOL safety-related orders, prosecutions, charges or fines (type, number, frequency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	History of TSSA fines or suspensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	History of utility fines or suspensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	Work History with the Town (if available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation	Proof of Accredited Safety Management System in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Policy	Current Health & Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Program	Procedures manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Includes review of subcontractors' safety record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Discipline Policy - types of safety infractions and penalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	"Yes" to having trained health and safety rep or joint committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	"Yes" to Worker and Supervisor Awareness training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	"Yes" to Supervisory Competency Training on 3 year cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sample of dated Supervisory Competency training certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sample JSA's or equivalent and sign off sheet with signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sample Toolbox talks or equivalent and sign off sheet with signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Most recent mandatory safety training - description & sign off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the material submitted with the Bidder's Safety Checklist (Appendix A).

Signature

Date