



Company Name:		Date Completed:
Address:	City:	Postal Code:
Phone:	Fax:	Completed By:
Primary Contact:		Cell:
Email:		
HSE Contact:		Cell:
Email:		

1. Injury Experience / Historical Performance			
	2020	2019	2018
Number of Medical Treatment Cases			
Number of Restricted Work Cases			
Number of Lost Time Injury Cases			
Number of Fatalities			
Total Recordable Injury Frequency (TRIF)			
Lost Time Injury Frequency (LTIF)			
Number of Man-Hours			

2. Worker's Compensation Experience			
Industry Code:	Industry Classification:		
	2020	2019	2018
Industry Rate			
Contractor Rate:			
% Discount or Surcharge (provide copies of rates)			
Is your WCB account in good standing? (provide letter of confirmation)	Yes		No

3. OHS Citations			
Have you been cited, charged or prosecuted under any OHS legislation in the past 3 years?	Yes		No
If Yes, provide details:			

4. Certificate of Recognition			
Do you have a current Certificate of Recognition (COR) or Small Employers Certificate of Recognition (SECOR) from a recognized Certifying Partner? (provide copy)	Yes		No
Score of your last Audit:			

5. Employee Training			
Do you have a written HSE Orientation Program? (provide outline)	Yes		No
Do you have mandatory HSE training requirements? (provide outline)	Yes		No
Do you have a competency/apprentice evaluation program?	Yes		No

6. Contractor Controls			
Do you have a subcontractor selection process? (provide outline)	Yes		No
Does it include pre-qualification where HSE is a meaningful part of the consideration?	Yes		No
Do you hold regular accountability meetings with your subcontractor(s)?	Yes		No
Describe your Subcontractor Management Process. Indicate how you verify subcontractors are complying with your HSE requirements, and those of the Prime Contractor.			

7. Insurance Requirements	
Does your company carry the following insurance? List dollar amount next to each indicated.	
A. COMMERCIAL GENERAL LIABILITY	
<input type="checkbox"/> PRODUCTS & COMPLETED OPERATIONS	
<input type="checkbox"/> SUDDEN & ACCIDENTAL POLLUTION LIABILITY	
<input type="checkbox"/> CONTRACTUAL LIABILITY	
<input type="checkbox"/> FOREST FIRE FIGHTING EXPENSES	
<input type="checkbox"/> NON-OWNED AUTOMOBILE LIABILITY	
<input type="checkbox"/> CONTINGENT EMPLOYER'S LIABILITY	
B. Owned Automobile Liability	
C. Errors & Omissions Insurance	
D. Liability Insurance for vehicles and equipment	
<b>Please provide a Certificate of Insurance listing Catapult Water Midstream as an additionally insured.</b>	

Have you included?	Yes	No
WCB Rate Sheet		
WCB Clearance Letter		
Certificate of Recognition		
HSEMS Table of Contents		
Training/Orientation Program Outline		
Subcontractor Process Outline		
Certificate of Insurance		

I hereby certify that the information above is factual and agree to produce additional information if required.

Name:

Date: