

**VENDOR PREQUALIFICATION APPLICATION**

Thank you for your interest in working with FT Services. In order to develop a more complete knowledge of your organization, capabilities & to be included in our subcontractor management program, each subcontractor is required to prequalify by submitting a completed Vendor Prequalification Application. Please complete the form below & email this form & any necessary attachments to [prequal@ft-serv.com](mailto:prequal@ft-serv.com). If all information including attachments is not submitted, this will significantly delay approval or your prequalification could be rejected. Please note that this is a preliminary prequalification form & includes only our minimum requirements. Additional information may be requested due to the type of work to be performed. FT Services will be in contact with you regarding your approval status.

Organization's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Year organization established: \_\_\_\_\_

Website: \_\_\_\_\_

Briefly describe the type of materials and/or services the organization provides:

**COMMERCIAL**

**VENDOR PREQUALIFICATION APPLICATION**

**A. CORPORATE:**

1. Have you worked with us previously?  
 Yes       No      If yes, provide details
2. Provide details regarding any related companies, subsidiaries & affiliates.
3. Under what other names has the organization operated?
4. Indicate below the annual sales volume for the last 3 years:  
 \_\_\_\_\_ Year \$ \_\_\_\_\_      \_\_\_\_\_ Year \$ \_\_\_\_\_      \_\_\_\_\_ Year \$ \_\_\_\_\_
5. What is your backlog of work?  
 As of today \$ \_\_\_\_\_      As of last financial statement \$ \_\_\_\_\_  
 As of 12 months ago \$ \_\_\_\_\_
6. How many people does the organization presently employ?  
 Home office: \_\_\_\_\_      Field supervisory: \_\_\_\_\_      Trades: \_\_\_\_\_
7. List unions, bargaining units, collective associations the organization has agreements with.
8. Does the organization currently carry, or will it obtain the following insurance coverage:  

Workers compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, provide details
General liability \$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, provide details
Automobile liability \$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, provide details
Excess liability \$2,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, provide details
Employer liability \$1,000,000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, provide details
9. Does the organization subcontract or plan to subcontract any portion of the onsite work it's responsible for?  
 Yes       No      If yes, provide details
10. Provide details of your warranty / replacement policy as it relates to products & services.
11. Indicate licenses, with license numbers, for which your organization is qualified to do business.
12. List any local or national accredited training programs in which the organization participates (trades, craft or management training).
13. Indicate the size of projects your company can perform?  
 <\$50K       <\$100K       \$100-\$500K       \$500K-\$1M       \$1M-\$2M  
 \$2M-\$5M       \$5M-\$10M       >\$10M
14. In what geographical areas is the organization willing to perform work?
15. List major equipment, including year, owned & major equipment leased by the organization.
16. Does the organization maintain service logs for owned & leased equipment?  
 Yes       No      If yes, provide a sample of the log. Is FT Services Ltd. able to audit these logs?
17. Has the organization ever been involved in any bankruptcy or reorganization proceedings?  
 Yes       No      If yes, provide details

## VENDOR PREQUALIFICATION APPLICATION

18. Has the organization's insurance carrier for any form of insurance, refused to renew or cancelled any insurance policy covering your organization in the past 5 years?  
 Yes       No      If yes, provide details
19. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against the organization or its officers?  
 Yes       No      If yes, provide details
20. Has the organization filed any lawsuits or requested arbitration/mediation with regard to work contracts within the past 5 years?  
 Yes       No      If yes, provide details
21. Major supplier references. List 3 current supplier references:
  - Company name
  - Address
  - Contact
  - Phone number
  - Email address
  - Annual spend
22. List 3 client references:
  - Client name
  - Address
  - Contact
  - Phone number
  - Email address
  - Contract value
23. Describe any Aboriginal or local content programs the organization participates in.
24. Outline how this account will be managed & how you will ensure that you understand & meet FT Services needs & requirements.
25. Include an organizational chart including supervisory field positions.
26. Include any other information that the organization feels would aid in the application evaluation.

### **B. EXPERIENCE**

1. On a separate sheet, list 3 major projects your organization has ***in progress*** for the scope of work that you are prequalifying for. Provide the following information for **each** project:
  - Project name
  - Owner
  - General contractor
  - GC contact name & phone number
  - Contract amount
  - Percentage complete (your scope)
  - Percentage of subcontracted work
  - Start date
  - Scheduled completion date

## VENDOR PREQUALIFICATION APPLICATION

2. On a separate sheet, list 3 major projects your organization has **completed** for the scope of work that you are prequalifying for in the last 5 years. Provide the following information for **each** project:
  - Project name
  - Owner
  - General contractor
  - GC contact name & phone number
  - Contract amount
  - Date of completion
  - Percentage of work performed with your own forces
  - Planned start/finish dates
3. Has the organization, or any other organization with which the officers or partners were involved during the past 5 years ever failed to complete to a contract, defaulted or had a contract terminated?  
 Yes       No      If yes, provide details
4. Has the organization ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meeting warranty obligations?  
 Yes       No      If yes, provide details
5. Provide an overview of plant, equipment, workshop facilities or storage yards that the organization would use in the delivery of the materials and/or services related to this application.

### QUALITY & COMPLIANCE

**VENDOR PREQUALIFICATION APPLICATION**

1. Does the organization have a person with primary responsibility for product & process quality?  
 Yes       No      If yes, state name, functional title & responsibilities in the organization.
2. Does the organization or any of its products receive 3<sup>rd</sup> party certification?  
 Yes       No      If yes, state the standard & the certifying organization. Attach a copy of the accreditation certificate.
3. Has the organization received any quality system audits by any client in the last 12 months?  
 Yes       No      If yes, provide results
4. Has the organization identified & established the elements of a Quality Management System?  
 Yes       No      If yes, provide details
5. Does the organization have a clearly established method of planning to meet your Client's requirements from receipt to completion stage of a contract/order?  
 Yes       No      If yes, provide details
6. Does the organization have written procedures which describe, as appropriate, essential action in design, development, manufacture, installation, inspection, documentation and/or service?  
 Yes       No      If yes, attach list of procedures
7. Does the organization retain records that can demonstrate achievement of contract/order requirements & the effective operation of your Quality Management System?  
 Yes       No      If yes, provide details
8. Does the organization conduct quality audits?  
 Yes       No      If yes, provide details of audit schedule
9. Does the organization have a documented procedure to control design functions?  
 Yes       No      If yes, provide details
10. Are there documented procedures for the control of all documentation including procedures & records?

Procedures	Yes	No		Records	Yes	No
Control of distribution				Identification		
Control of issues				Storage		
Control of change				Retention		

11. Does the organization control, calibrate & maintain inspection, measuring & test equipment?  
 Yes       No      If yes, provide details
12. Is there a documented procedure to ensure that the organization prequalifies suppliers?  
 Yes       No      If yes, provide details
13. Is there a documented procedure to ensure incoming material meet requirements?

## VENDOR PREQUALIFICATION APPLICATION

- Yes       No      If yes, provide details
14. Does the organization ensure that standards of workmanship, operations & control are all being documented & are being implemented?
- Yes       No      If yes, provide details
15. Do methods exist to ensure that the final service/product complies with requirements & that methods are being adhered to?
- Yes       No      If yes, provide details
16. Is there a system or procedure to control non-conforming product(s)?
- Yes       No      If yes, provide details
17. Is there a system or procedure for logging customer complaints?
- Yes       No      If yes, provide details
18. Is there a system or procedure for corrective & preventative actions?
- Yes       No      If yes, are the logs available for review?
19. Provide a current outline of the organizations quality management system manual & index of procedures, work instructions & forms.
20. Is the organization prepared to be audited by FT Services Ltd. with 1 week's notice?
- Yes       No      If yes, provide details

**VENDOR PREQUALIFICATION APPLICATION**

**HEALTH, SECURITY, SAFETY & ENVIRONMENTAL POLICY**

**A. CORPORATE**

1. Does the organization have a HSSE policy?  
 Yes       No      If yes, provide current outline, including index, of the policy & procedure manual.
2. Does the organization have a HSSE Management System in place?  
 Yes       No      If yes, provide a copy of the table of contents. HSSE policy should be current & signed by the senior management team.
3. Does the HSSE policy include:

Description	Yes	No	N/A
“Right to refuse work”			
Disciplinary policy & procedure			
Retention of training records for employees.			
Employee training records auditable?			
A written training plan for all levels of workers showing minimum training requirements relating to job functions			
Necessary trade certificates where required			
Alcohol & Drug policy			

4. Does the organization employ a full time corporate HSSE manager?  
 Yes       No      If yes, state name, functional title & responsibilities in the organization.
5. Is an evaluation of the safety program conducted to ensure it is effective & that all areas for improvement are identified?  
 Yes       No      If yes, provide details including frequency
6. Has the organization had an HSSE audit conducted in the past 3 years?  
 Yes       No      If yes, provide details including name of auditor, audit protocol used, summary audit results& outcomes
7. Is there an action plan in place to address recommendations made in results?  
 Yes       No      If yes, provide details
8. Is there a new employee safety orientation program?  
 Yes       No      If yes, provide details
9. Does the organization have a pre-hire drug testing program?  
 Yes       No      If yes, provide details & attached a copy of your substance abuse policy.
10. Are there Personal Protective Equipment standards in place?

## VENDOR PREQUALIFICATION APPLICATION

Yes       No

11. Are the following programs in place?

Description	Yes	No	N/A
Behaviour based safety program			
Near miss identification & reporting			
Hazard identification & assessment			
Preventative maintenance (tools & equipment)			
Pre work hazard assessment & risk assessment procedures			
Are workers informed of the job/task specific hazard? How?			
Worker on site observations			

12. Does the organization conduct project safety inspections?

Yes       No      If yes, provide details including who conducts the inspections.

13. Is there an accident & incident reporting system in place?

Yes       No      If yes, provide details

14. Is there a procedure in place to investigate & follow up on accidents & incidents?

Yes       No      If yes, provide details

15. Are there staff members who are trained in accident investigation?

Yes       No

16. List the organization's Worker's Compensation experience modification rating for the last 6 years:

20 \_\_\_\_\_      20 \_\_\_\_\_      20 \_\_\_\_\_

Safety Stats	Current Year	20	20	20	20	20
Experience Modification Rate (EMR) for the last 6 years						
Total man hours worked including overtime						
Number of lost work days						
Number of lost time injuries (LTI)						

**VENDOR PREQUALIFICATION APPLICATION**

Safety Stats	Current Year	20	20	20	20	20
Number of recordable medical aid incidents (MA)						
Number of restricted work cases with job transfer or restriction (RWC)						
Number of days of restricted work activity						
Recordable incident rate (RIF) Total # of MA+RWC+LTI x by 200,000 & ÷ by total organization hours worked during each year						
Number of fatalities						
Explain any fatalities						
Number of environmental spills or permit exceedances						
Volume of spill & types of materials						
Number of work related vehicle incidents (injury/damage occurred)						
Total km's driven						

17. List any OH& S compliance orders & voluntary compliance order against the organization for the past 5 years & the outcome of each.
18. Attach a copy of organization's Certificate of Recognition (COR)
19. Does the organization's subcontractors participate in the following programs:

Description	Yes	No	N/A
Safety orientation program			
Safety meetings/hazard assessments			
Accident & incident reporting			
HSSE management programs			

## VENDOR PREQUALIFICATION APPLICATION

Description	Yes	No	N/A
Others:			

20. Are there written emergency response plans/procedures/drills & are the drills/exercises conducted regularly?  
 Yes       No      If yes, provide details
21. Is there a 24 hour emergency response phone number?  
 Yes       No      If yes, provide number

### B. SITE

1. Does the organization employ a full time site HSSE manager?  
 Yes       No      If yes, state name, functional title & responsibilities in the organization.
2. Does the organization hold regular on site safety meetings?  
 Yes       No      If yes, provide details including frequency
3. Are tool box meetings held?  
 Yes       No      If yes, indicate frequency
4. Is there a site orientation program for new hires?  
 Yes       No      If yes, does the orientation include instruction/training on the following:

Description	Yes	No	N/A
Accident reporting			
Behaviour based safety observations			
Compressed gas handling			
Confined space			
Critical or high risk jobs			
Defensive driving / collision avoidance			
Electrical safety			
Emergency response			
Equipment safety devices			
Eye/face protection			
Fire protection			
First aid procedures			

**VENDOR PREQUALIFICATION APPLICATION**

Description	Yes	No	N/A
Foot protection			
Hand protection			
Handling flammable materials			
Handling hazardous products (WHMIS)			
Handling of dangerous goods (TDG)			
Hazard communication			
Hazard identification techniques			
Head protection			
Hearing protection			
Housekeeping			
Lock out/tag out procedures			
Perimeter guarding			
Personal fall protection device			
Power line clearances			
Power tools			
Powered mobile equipment			
Respiratory protection			
Rigging & crane safety			
Scaffolding			
Security			
Signs, barricades & flagging			
Substance abuse screening			
Transfer hose pressure testing. If yes, provide details			
Transferring & stacking materials			
Trenching & excavation			
Waste management			
Working alone			
Working at heights			
Working with H2S			
Workplace violence			

5. Are equipment & site inspections conducted?

## VENDOR PREQUALIFICATION APPLICATION

Yes       No      If yes, provide details including responsible party & frequency.

### C. ENVIRONMENTAL CONSIDERATIONS

1. Does the organization have an Environmental Policy?  
 Yes       No      If yes, provide current outline of the policy & procedure manual.
2. Are there clearly defined environmental responsibilities for managers, supervisors & workers?  
 Yes       No      If yes, provide details
3. Is there a document stating general environmental rules & guidelines for workers to follow?  
 Yes       No      If yes, provide details
4. Do workers have access to environmental acts, regulations, industry standards & codes & is the organization in compliance to those applicable?  
 Yes       No      If yes, provide details
5. Have employees completed all required environmental technical training?  
 Yes       No      If yes, provide details
6. Are subcontractors provided the organizations environmental policy & expected to adhere to it?  
 Yes       No      If yes, provide details

I, \_\_\_\_\_ hereby declare that the information provided on this Prequalification Application herein is true and sufficiently complete so as not to be misleading. \_\_\_\_\_ hereby authorizes FT Services Ltd. & its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein.

By: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title (print): \_\_\_\_\_

Date: \_\_\_\_\_