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November 19, 2026

Addendum No. 03

File Reference Number: RFQ 2026 093

Title: Supply and Delivery of Industrial Portable Vacuum System

RE: Clarifications/Questions

QUESTIONS/CLARIFICATIONS:

Item 1: Item No. 17 – Addendum No. 02

Please find attached the **Contractor Safety Pre-Qualification Form** as **Appendix A** to this Addendum. This document was inadvertently omitted from Addendum No. 02 and is hereby provided for inclusion in the RFQ documentation.

All other terms and conditions of the solicitation remain unchanged.

Regards,

Brinda Ranpura
Procurement Contracts Specialist
brinda.ranpura@ontarionorthland.ca

“Appendix A”

Ontario Northland

Contractor Safety Pre-Qualification Form

1. Company Identification:				ONTC Use
Company Name:		Telephone:		
Mailing Address:		Fax:		
		E-mail:		
2. Form of Business:				
☐ Sole Proprietor	☐ Partnership:	☐ Corporation		
3. Officers:			Years with the Company	
President / CEO				
Vice President				
Treasurer				
Who is the manager most responsible for health and safety?				
Name:		Title:		
4. How many years has your business operated under its current name?				
5. Under Current Management Since (Date)				
6. Parent Company Information				
Parent Name:				
City:	Province / State:	Postal / Zip Code:		
Subsidiaries:				
7. Insurance Contact Information				
Title:	Telephone:	Fax:		
8. Insurance Carriers:	Type of Coverage:	Telephone		
9. Organization:				
Describe the nature of the work your company specialized in:				
☐		☐		
☐		☐		
☐		☐		
☐		☐		
☐		☐		
10. Are any of the above services that you perform normally subcontracted to others? ☐ Yes ☐ No				

11. Health and Safety Performance

a)	Are any of the above services that you perform normally subcontracted to others?	☐ Yes	☐ No
b)	Can you provide a Workplace Safety & Insurance Clearance Certificate?	☐ Yes	☐ No
c)	Has an employee of your company suffered a fatal accident or "critical injury" as defined by the *Ontario Occupational Health & Safety Act*? Please provide for the last 3 years: i) total number of lost time accidents by rate group, ii) total number medical aid accidents, iii) total number of hours worked by each rate group	☐ Yes	☐ No
d)	Has your company ever been subjected to a Workwell Audit? If yes, what was your final score? _	☐ Yes	☐ No
e)	Are there judgements, claims or suits pending or outstanding against your company?	☐ Yes	☐ No
f)	Have you received any regulatory (MOL, MOE, etc.) orders and/or prosecutions in the last 3 years? If yes, provide details of all prosecution and fines for the past 3 years on a separate sheet.	☐ Yes	☐ No
g)	Do you have involvement in provincial safety associations such as the Infrastructure Health & Safety Association (IHSA) and/or Workplace Safety & Prevention Services (WSPS)? If yes, please name:	☐ Yes	☐ No

12. Health and Safety Program and Procedures:

a)	Do you have a written health and safety policy? If yes, include a copy.	☐ Yes	☐ No
b)	Do you have a written health and safety program?	☐ Yes	☐ No
c)	If so, are the following elements addressed?	☐ Yes	☐ No
	i. Participation by all levels in the organization	☐ Yes	☐ No
	ii. Accountabilities & responsibilities for managers, supervisors and employees	☐ Yes	☐ No
	iii. Adequate resourcing for meeting health and safety requirements	☐ Yes	☐ No
	iv. Hazard identification and control	☐ Yes	☐ No
	v. Health and safety performance measurement and evaluation	☐ Yes	☐ No
	vi. Corrective actions implementation	☐ Yes	☐ No

13. Health and Safety Program: Does the health and safety program include procedures and practice documents such as:

a)	Hazardous Energy Control, Lock-out – Tag-out	☐ Yes	☐ No
b)	Confined Space Entry	☐ Yes	☐ No
c)	Working at Heights, Fall Protection	☐ Yes	☐ No
d)	Personal Protective Equipment (PPE)	☐ Yes	☐ No
e)	Portable / Electric Power Tools		
f)	Vehicle Safety	☐ Yes	☐ No
g)	Compressed Gas Cylinders	☐ Yes	☐ No
h)	Electrical Equipment Grounding Assurance	☐ Yes	☐ No
i)	Powered Industrial Vehicles (forklifts, cranes, etc.)	☐ Yes	☐ No
j)	Heavy Construction Equipment (excavators, backhoes, bulldozers, etc.)	☐ Yes	☐ No
k)	Excavation and Trenching	☐ Yes	☐ No
l)	Housekeeping	☐ Yes	☐ No
m)	Accident / Incident Reporting and Investigation	☐ Yes	☐ No
n)	Hazard / Unsafe Condition Identification, Reporting and Communication	☐ Yes	☐ No

o)	Workplace Hazardous Materials information System (WHMIS)	☐ Yes	☐ No	
p)	Emergency Action Plan / Evacuation Plan	☐ Yes	☐ No	
q)	Spill Response / Reporting	☐ Yes	☐ No	
r)	Respiratory Protection	☐ Yes	☐ No	
s)	Designated Substances Management	☐ Yes	☐ No	
t)	Waste Staging / Disposal	☐ Yes	☐ No	
u)	Traffic Control	☐ Yes	☐ No	
v)	Hearing Conservation	☐ Yes	☐ No	

14.	Do you have a policy/procedure for terminating contracts of subcontractors who do not comply with the requirements of the *Occupational Health & Safety Act,* associated regulations and / or company safety rules?	☐ Yes	☐ No
15.	Do your employees read, write and understand English to the degree that they can safely perform their tasks without the aid of an interpreter? (*If no, provide a description of your plan to assure that they can safety perform their tasks*)	☐ Yes	☐ No
16.	Do you have personnel certified in Emergency First Aid and CPR on site? If yes, provide copies of certificates of training for site personnel proposed for the project?	☐ Yes	☐ No
17.	Do you have First Aid kits available to your staff?	☐ Yes	☐ No
18.	Does your company use a formalized Health and Safety Plan for conducting large projects?	☐ Yes	☐ No
19.	Does the company conduct pre-placement medical examinations?	☐ Yes	☐ No
20.	Is task-adequate PPE provided to workers?	☐ Yes	☐ No
21.	Are employees trained in PPE care, use and maintenance?	☐ Yes	☐ No
22.	Do you have a corrective action process for addressing individual health and safety performance deficiencies	☐ Yes	☐ No
23.	Equipment and Manuals:		
	a. Do you conduct inspections on operating equipment (e.g. excavators, cranes, forklifts, vehicles, etc.) as per regulatory requirements?	☐ Yes	☐ No
	b. Do you maintain operating equipment in compliance with regulatory requirements?	☐ Yes	☐ No
	c. Do you maintain applicable pre-use inspection and maintenance certification records for operating equipment?	☐ Yes	☐ No
	d. Are records available upon request	☐ Yes	☐ No

24. Subcontractors			
a. Do you use health and safety performance criteria in the selection of contractors?	☐ Yes	☐ No	
b. Do you require your subcontractor to have a written health and safety program?	☐ Yes	☐ No	
c. Are your subcontractors included in	☐ Yes	☐ No	
i. health and safety orientation	☐ Yes	☐ No	
ii. health and safety meetings	☐ Yes	☐ No	
iii. workplace inspections	☐ Yes	☐ No	
iv. health and safety audits	☐ Yes	☐ No	
d. Does the company have a policy for the termination of contracts of subcontractors who do not comply with the Occupation Health and Safety Act, regulations under the Act, contractor rules, programs, protocols policies or procedures?	☐ Yes	☐ No	
e. Does the company have a progressive discipline policy for employees and subcontractors?	☐ Yes	☐ No	
25. Health and Safety Training			
a. Are you aware of the regulatory training requirements for your employees?	☐ Yes	☐ No	
b. Have your employees received the required health and safety training?	☐ Yes	☐ No	
c. Do you have specific health and safety training for supervisors?	☐ Yes	☐ No	
d. Do you keep records of health and safety training for employees?	☐ Yes	☐ No	
e. Are records of health and safety training available on request?	☐ Yes	☐ No	
26. Job Skills			
a. Have employees been trained in appropriate job skills?	☐ Yes	☐ No	
b. Are employee job skills certified where required by regulation or industry standard?	☐ Yes	☐ No	
c. Are certificates available upon request?	☐ Yes	☐ No	
27. Health and Safety Supervision			
a. Does the company have a health & safety coordinator?	☐ Yes	☐ No	
b. Who is the highest ranking safety professional in the company_	☐ Yes	☐ No	

I agree that the above information is true and correct to the best of my knowledge. I also agree to follow all terms and conditions of the Contractor Safety Program at all times while performing work for ONTC. I understand that supporting documentation may be requested for due diligence verification purposes.

Name: (Please print) _____ Title: _____

Signature: _____ Date: _____