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| **PROSPECTIVE CONTRACTING EMPLOYER:** |
| **DATE:**  |
| **EVALUATED BY:**  |
| **PROJECT NAME / TENDER AND/OR PROJECT NO.:** |
| **RATING** | **DESCRIPTION** |
| 5 | *Exceeds expectations; Proponent clearly understands the requirement, excellent probability of success.* |
| 4 | *Somewhat exceeds expectations; high probability of success.* |
| 3 | *Meets expectations; Proponent has a good understanding of the requirement, a good probability of success.* |
| 2 | *Somewhat meets expectations; some weakness or deficiencies, low probability of success.* |
| 1 | *Does not meet expectations or demonstrate understanding of the requirements, very low probability of success.* |
| 0 | *Lack of response or a complete misunderstanding of the requirements, no probability of success.* |
| **Summary of Evaluation Criteria** |
| **Item** | **Evaluation Criteria** | **WEIGHT** |  | **RATING****(0-5)** |  | **SCORE** |
| 1 | *Hazard assessments\*\** | 20 | X |  | = |  |
| 2 | *Safe work/safe operating procedures\*\** | 15 | X |  | = |  |
| 3 | *Inspection programs\*\** | 15 | X |  | = |  |
| 4 | *Carrier profile* | 15 | X |  | = |  |
| 5 | *Incident reporting\*\** | 12 | X |  | = |  |
| 6 | *WHMIS/GHS\*\** | 12 | X |  | = |  |
| 7 | *Transportation of dangerous goods* | 10 | X |  | = |  |
| 8 | *Worker training program\*\** | 15 | X |  | = |  |
| 9 | *Emergency procedures\*\** | 12 | X |  | = |  |
| 10 | *COR or SECOR Certification*  | 10 | X |  | = |  |
| 11 | *WCB ‘Letter of Good Standing’ \*\** | Pass/Fail | X | Pass/Fail | = |  |
| **TOTAL SCORE/POSSIBLE MAXIMUM SCORE****\*\*Mandatory criteria**  | /680 |
| **Minimum Required Score (60%)** | 408 |
| **Minimum Rating Required Per Item**  |  |
| **Translation as 0-10 ranking** **(6 minimum overall and 3/5 in each element to pass)** |  |

1. **Hazard Assessments**

**Specifically, address the hazards associated with the job tasks the Contracting Employer will be performing.**

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| --- | --- |
| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section includes, but is not limited to hazard identification, assessment, and control form for all job tasks.**\*May be provided as part of a specific health & safety plan* |  |
| **Criteria Rating:** |  |

1. **Safe Work / Safe Operating Procedures**

**Procedures should be specifically for the tasks that the Contracting Employer will be performing.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include job-specific procedures, safe operating procedures, forms, and checklists.* |  |
| **Criteria Rating:** |  |

1. **Inspection Programs**

**Documentation should be specifically for the vehicle inspection, equipment inspection, and tool inspection programs.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include vehicle, equipment, and tool inspection policies, procedures, forms, checklists, and inspection records.* |  |
| **Criteria Rating:** |  |

1. **Carrier Profile**

**Documentation should be 1 or 2 pages in length and specifically for the Province/State, the carrier is licensed.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include Carrier Profile rating, list any provincial/state penalties for collisions and, on-road driving violations.* |  |
| **Criteria Rating:** |  |

1. **Incident Reporting**

**Documentation should include roles and responsibilities specifically for reporting, review, and follow-up.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include incident reporting procedure, incident review procedure, and incident follow-up procedure.* |  |
| **Criteria Rating:** |  |

1. **Safety Data Sheets**

**The information should be specifically for the products the Contracting Employer will bring to the Owner / Employer’s site.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include Identification of product, hazard identification, composition/information on ingredients, first aid measures, fire-fighting measures, accidental release measures, handling and storage, exposure controls/personal protection, physical and chemical properties, stability and reactivity, toxicological information, ecological information, disposal considerations, transport information, regulatory information, and other information.* |   |
| **Criteria Rating:** |  |

1. **TDG Product Information**

**The information should be specifically for the products the Contracting Employer will bring to the Owner / Employer’s site.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include TDG forms and checklists.* |  |
| **Criteria Rating:** |  |

1. **Worker Training Program**

**The information should be specifically for the tasks the Contracting Employer will be performing.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include training policies, procedures, checklists, and records of employee training.* |  |
| **Criteria Rating:** |  |

1. **Emergency Procedures**

**The information should be specifically for emergencies the Contracting Employer may encounter and include roles and responsibilities.**

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| Criteria Description | Evaluator Comments |
| *Supporting documentation for this section shall include emergency response policies, procedures, forms, follow-up, and employee training records.* |  |
| **Criteria Rating:** |  |

1. **COR or SECOR Certification**

**The certificate shall be valid and certified by a verified COR or SECOR certifying partner.**

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| Criteria Description | Evaluator Comments |
| *The certification supplied must be valid for the date of application and name the specific organization on the RFX.* |  |
| **Criteria Rating:** |  |

1. **WCB ‘Letter of Good Standing’**

**The documentation shall be specifically for the organization named on the RFX.**

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| Criteria Description | Evaluator Comments |
| *The letter must be on WCB letterhead, be valid for the date of application and name the specific organization on the RFX.* |  |
| **Criteria Rating:** |  |