



3RD PARTY PRE-QUALIFICATION QUESTIONNAIRE
(SUBCONTRACTOR, VENDOR TYPE A & VENDOR TYPE B)

Current Date:

Did someone at SRG request you to complete this form? If so, name:

Do you require SRG to complete your Company credit application? Yes or No

(if "yes", attach your credit application for SRG's execution. Please be advised that no T&C's will be entertained by SRG in the credit application, payment or other terms shall be subject to each individual Purchase or Subcontract Order).

Have you worked for SRG in the past year? Yes or No

Are you deemed by CRA to be a 'Subcontractor' pursuant to line 295 of the T5018? Yes or No

3rd Party Prequalification Questionnaire and Required Documentation

1.0 - WELCOME TO OUR SUPPLY CHAIN COMMUNITY

Thank you for your interest in becoming a **Site Resource Group Inc., Bears Access and Environmental Inc., Site Equipment Ltd., and/or Force Copps Piling Inc.** (together "SRG"), 3rd Party Supplier.

At SRG, our due diligence requirements set out by our Contracts Center of Excellence ("CCOE"), mandates that we evaluate all 3rd Parties engaged in our supply chain. In efforts to fulfill our commitment, we must understand the processes, culture and business acumen of our 3rd Parties.

Once prequalified, SRG will require updated questionnaire information **annually**, and updated insurance information **as the current coverage expires**. All submissions shall remain "for internal use only" at SRG, and will not be provided to external sources.

The prequalification process does not preclude requests for additional information as designated by projects and/or specific work sites.

We appreciate the time and effort you've taken in providing accurate information to SRG. Please note that completion of this questionnaire, including gathering documentation and/or related communications does not constitute work for SRG, and therefore this task is not billable.

2.0 - QUESTIONNAIRE COMPLETION GUIDE

1. Please note the completion of this questionnaire is MANDATORY regardless of supply type. However, based on supply type, some Sections may not be applicable to every 3rd Party Supplier, resultantly please read the instructions in each section carefully. Once complete, please email this completed form along with the required verification documents to:

Vendors@siterg.com

- 2. All required questions must be answered and details provided as requested. Incomplete responses or missing information may result in delay of the approval process, or in rejection of your submittal.
- 3. If a subsection or specific question is not applicable to your business, please mark as "N/A". Where "N/A" is set out as your response, you may be contacted by an SRG representative, for further clarification.
- 4. Do you perform any of the following Critical tasks? (**Check any and all that apply**). If none apply, please leave blank, if they apply the title "Subcontractor" shall be assigned to your firm:

<input type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	Hot Work
<input type="checkbox"/>	Lifting Operations or Material Handling	<input type="checkbox"/>	Working at Heights
<input type="checkbox"/>	Water or Ice Working Environments	<input type="checkbox"/>	Traffic Conditions, Traffic Controls & Transport
<input type="checkbox"/>	Mobile/Heavy Equipment Operations	<input type="checkbox"/>	Drilling Operations
<input type="checkbox"/>	Hazardous Materials & Environments*	<input type="checkbox"/>	Security or Firearms

<input type="checkbox"/>	Ground Disturbance to any level (includes Utility Locates and Excavation as examples)	<input type="checkbox"/>	Hazardous Energy (including Lockout/Tag out and/or Electrical)
<input type="checkbox"/>	Activities on a construction site that require your personnel in attendance	<input type="checkbox"/>	Use of Regulated Equipment e.g. nuclear gauges
<input type="checkbox"/>	Project or Construction oversight	<input type="checkbox"/>	Noxious flora/aggressive fauna controls
<input type="checkbox"/>	Aerial or Marine Work	<input type="checkbox"/>	Engineering or Design Services
<input type="checkbox"/>	Fabrication or Manufacturing	<input type="checkbox"/>	Agent, Broker, or Consultant

*e.g. asbestos, unoccupied buildings, construction, hazardous waste, live energy, active traffic zones, etc.

3.0 – GENERAL INFORMATION

Set out type of Third Party: <input type="checkbox"/> Subcontractor; <input type="checkbox"/> Vendor – Type A; or <input type="checkbox"/> Vendor – Type B	
If applicable, pre-existing SRG Vendor #:	

SERVICES, EQUIPMENT &/OR PRODUCT TYPICALLY PROVIDED TO SRG:	
Please check off all the commodities that apply to your company in this table.	
<p>Subcontractor (Safety Sensitive) Sections 1-8 & 10 apply. *Exemptions to Section 9 (QAQC) may be granted for those italicized commodities.</p>	<p align="center">ON SITE WORKS</p> <p><input type="checkbox"/> *<i>Aerial Works</i>; <input type="checkbox"/> Architectural; <input type="checkbox"/> Buildings; <input type="checkbox"/> Civil Works; <input type="checkbox"/> Cleaning – Industrial (Chemical/Steam); <input type="checkbox"/> Coatings; <input type="checkbox"/> *<i>Communications</i>; <input type="checkbox"/> Concrete (precast/structural); <input type="checkbox"/> Concrete (pre-stress/post tension); <input type="checkbox"/> Cranes, Monorail, Bridge, Polar; <input type="checkbox"/> Construction Services; <input type="checkbox"/> *<i>Consulting</i>; <input type="checkbox"/> *<i>De-Watering</i>; <input type="checkbox"/> Doors, Industrial, Fire; <input type="checkbox"/> Drilling; <input type="checkbox"/> Ductwork, Conventional Sheet Metal; <input type="checkbox"/> Ductwork, Heavy Gauge Metal; <input type="checkbox"/> Electrical Construction – General Contractor; <input type="checkbox"/> Electrical Construction – Outside (pole line); <input type="checkbox"/> Electrical Construction – Transmission; <input type="checkbox"/> *<i>Environmental Services</i>; <input type="checkbox"/> *<i>Fencing</i>; <input type="checkbox"/> Fire Protection; <input type="checkbox"/> Flow-lines; <input type="checkbox"/> Foundations, Equipment Setting; <input type="checkbox"/> Geomatics; <input type="checkbox"/> Heat Treatment/Stress Relieve (on site); <input type="checkbox"/> Heating, Ventilation, Air Conditioning (HVAC); <input type="checkbox"/> Heavy Haul/Lift, Rigging; <input type="checkbox"/> Hydro-testing; <input type="checkbox"/> *<i>Hydro-Vac</i>; <input type="checkbox"/> Instrument and Controls, DCS; <input type="checkbox"/> Inspection/Testing; <input type="checkbox"/> Insulation – Materials, Thermal, Wallboard; <input type="checkbox"/> Insulation – spray on; <input type="checkbox"/> Insulation – Thermal, Conventional; <input type="checkbox"/> *<i>Janitorial</i>; <input type="checkbox"/> *<i>Labour Broker</i>; <input type="checkbox"/> Marine; <input type="checkbox"/> Mechanical; <input type="checkbox"/> Mechanical Fabrication; <input type="checkbox"/> Module Erection; <input type="checkbox"/> *<i>Module Accommodation or Camp</i>; <input type="checkbox"/> Maintenance; <input type="checkbox"/> Manpower & Resources; <input type="checkbox"/> Piling; <input type="checkbox"/> Piping; <input type="checkbox"/> Piping Fabrication; <input type="checkbox"/> Pipeline; <input type="checkbox"/> Pressure Vessels; <input type="checkbox"/> Protective Service; <input type="checkbox"/> Service Work; <input type="checkbox"/> Siding – Fibreglass; <input type="checkbox"/> Siding – Metal; <input type="checkbox"/> Specialty Services (describe below); <input type="checkbox"/> Startup Assistance, Testing, Training; <input type="checkbox"/> Steel Fabrication; <input type="checkbox"/> Structural; <input type="checkbox"/> Surfacing Membranes for Roads, Tank Farms; <input type="checkbox"/> Survey, Aerial Mapping and Photography; <input type="checkbox"/> Tankage, Bins, Fiberglass - Plastic; <input type="checkbox"/> Tankage, Bins, Silos – Concrete; <input type="checkbox"/> Tankage, Bins, Silos – Metal; <input type="checkbox"/> Tankage, Pads and Dykes; <input type="checkbox"/> *<i>Temporary Facilities (temp. power, propane, potable-water, septic services)</i>; <input type="checkbox"/> Testing, Chemical Analysis; <input type="checkbox"/> Testing, Nondestructive Examination for Piping; <input type="checkbox"/> Transport (Gravel Only); <input type="checkbox"/> Transportation; <input type="checkbox"/> Underground Utilities; <input type="checkbox"/> Walls, Curtain, Glass, Aluminum; <input type="checkbox"/> Welding</p>
<p>Vendor Type A (Quality Sensitive) Sections 1-9 & 10 apply. *Exemptions to Section 8 (HSSE) apply.</p>	<p align="center">OFF SITE WORKS</p> <p><input type="checkbox"/> *<i>Crushing/Screening (process plant)</i>; <input type="checkbox"/> *<i>Design or Engineering</i>; <input type="checkbox"/> *<i>Electrical Switchyards</i>; <input type="checkbox"/> *<i>Steel Supply</i>; <input type="checkbox"/> *<i>Testing, Soil, Concrete – Destructive</i></p>
<p>Vendor Type B (All Others) Sections 8 & 9 (HSSE & QAQC) are exempt for all</p>	<p align="center">OFF SITE WORKS and NON-QUALITY SENSITIVE SUPPLY</p> <p><input type="checkbox"/> Air Travel; <input type="checkbox"/> Banks/Financial Institutions; <input type="checkbox"/> Consumables; <input type="checkbox"/> Department Stores; <input type="checkbox"/> Drug (safety) Testing; <input type="checkbox"/> Equipment Rental; <input type="checkbox"/> Equip. Parts or Maintenance; <input type="checkbox"/> Fuels/Lubricants; <input type="checkbox"/> Government Firms; <input type="checkbox"/> Gravel Supply; <input type="checkbox"/> Hotels; <input type="checkbox"/> Insurers;</p>

commodities in this section.	<input type="checkbox"/> Landlords; <input type="checkbox"/> Law Firms; <input type="checkbox"/> Office Supplies; <input type="checkbox"/> Restaurants; <input type="checkbox"/> Safety Supplies; <input type="checkbox"/> Signs; <input type="checkbox"/> Small Tools; <input type="checkbox"/> Software; <input type="checkbox"/> Tax Authorities; <input type="checkbox"/> Training (off site); <input type="checkbox"/> Utility Providers	
(IF COMMODITY IS NOT LISTED ABOVE)		
Describe:		
GENERAL COMPANY INFORMATION		
Company's Legal Name: (list all companies applicable)	Jurisdiction of Registration:	Company #:
Registration (Tax ID #):	Registration Date:	Registration Expiry Date:
Date Established:	GST No.:	
Alternate Trade or Business Name (doing business as):		
Are You a Publicly Traded Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stock Exchange:	Ticker Symbol or equivalent:	
Please indicate which of these best describes your business:	<input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Publically Traded Corporation <input type="checkbox"/> Private Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Publicly Owned Company <input type="checkbox"/> Other If "Other", please specify:	
Please indicate which of these best describes your business structure:	<input type="checkbox"/> Simple Company Structure <input type="checkbox"/> Canadian Subsidiaries <input type="checkbox"/> Overseas Subsidiaries <input type="checkbox"/> Joint Venture <input type="checkbox"/> Consortia	
Please indicate which of these best describes where your business operates?	<input type="checkbox"/> Single site in Canada <input type="checkbox"/> Multiple sites in Canada <input type="checkbox"/> Working in USA <input type="checkbox"/> Global	
Mailing Address:		
City/Town & Province:	Postal Code:	
Phone:	Website:	
How many years has your organization been in business?		
Is your business required to be registered with any governmental or other organization in order to provide services?		<input type="checkbox"/> Yes or <input type="checkbox"/> No
If "yes" please list:		
Does your Company participate in Indigenous cultural awareness training programs?		<input type="checkbox"/> Yes or <input type="checkbox"/> No
Please indicate if applicable:	<input type="checkbox"/> First Nation, <input type="checkbox"/> Metis, <input type="checkbox"/> Inuit, <input type="checkbox"/> Other Minority Group, <input type="checkbox"/> N/A If "Other Minority Group", explain:	
What % of Indigenous ownership, if any, does your Company have:		
Your Company's Commercial Contact	Name:	
	Phone:	
	Email:	
Your Company's Finance Contact	Name:	
	Phone:	
	Email:	
Your Company's Highest Ranking Safety Contact	Name:	
	Phone:	
	Email:	

Your Company's Highest Ranking Quality Contact	Name:	
	Phone:	
	Email:	
List of goods/services/equipment normally provided by your company, that you may contract to others:		

4.0 – INSURANCE

Insurance and Worker's Compensation are required as part of SRG's prequalification process.

WORKERS' COMPENSATION INFORMATION			
Does your company have Worker's Compensation Coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
WCB Account Number (Code & Classification) – BC:			
WCB Account Number (Code & Classification) – AB:			
WCB Account Number (Code & Classification) – SK:			
WCB Account Number (Code & Classification) – MB:			
Other:			
British Columbia			
WCB rates for the previous 3 calendar years:	Current Year	Previous Year	2 Yrs. Ago
Industry Base Rate			
Your Company's Experience Rate			
% Discount or Surcharge			
Is your Account in Good Standing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Alberta			
WCB rates for the previous 3 calendar years:	Current Year	Previous Year	2 Yrs. Ago
Industry Base Rate			
Your Company's Experience Rate			
% Discount or Surcharge			
Is your Account in Good Standing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Saskatchewan			
WCB rates for the previous 3 calendar years:	Current Year	Previous Year	2 Yrs. Ago
Industry Base Rate			
Your Company's Experience Rate			
% Discount or Surcharge			
Is your Account in Good Standing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Manitoba			
WCB rates for the previous 3 calendar years:	Current Year	Previous Year	2 Yrs. Ago
Industry Base Rate			
Your Company's Experience Rate			
% Discount or Surcharge			
Is your Account in Good Standing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach the following:			
<input type="checkbox"/> Provincial WCB - Employer Premium Rate Statements; and			
<input type="checkbox"/> Provincial WCB - Letter of Good Standing.			
(attach for each jurisdiction applicable to your company)			

Please note three (3) years' worth of rate letters will be assessed and must include current year – ensure this is adhered to when submitting your documents.

GENERAL BUSINESS INSURANCE	
Name of Insurance Broker:	
Contact Name:	Telephone:
For specifics on coverage – See EXHIBIT A (Insurance Requirements). Please ensure you attach a copy of your current COI. It must name <i>“Site Resource Group Inc., Bear Access & Environmental Inc., Force Copps Piling Inc. @ 170, 120 Pembina Rd., Sherwood Park, Alberta, T8H-0M2”</i> as an additional insured.	

5.0 – ETHICS & SOCIAL ACCOUNTABILITY

Please answer all questions to the best of your knowledge.

COMPANY	
Does your company have a Compliance Officer (or equivalent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company provide compliance and anti-corruption training to employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a Code of Conduct or specific anti-corruption policies in place? If “yes”, please include a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company agree to comply with the SRG Code of Business Conduct Policy and the SRG Anti-Bribery & Corruption Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the past five (5) years have you, your company or any Board of Directors, Key Officers, Key Employees or Beneficial Owners (as applicable), been the subject of any actions resulting from suspension, debarment, or disqualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you, your company or any Board of Directors, Key Officers, Key Employees or Beneficial Owners (as applicable) ever been charged or convicted of any financial crime, fraud, or corruption-related offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SERVICES	
During prospective work with SRG or the services offered, do you/your company anticipate any interaction with government employees? (including, but not limited to, interaction with licensing agencies, customs officers, and local tax authorities)	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you or any of your Board of Directors, Key Officers, Key Employees or Beneficial Owners currently, or have they been in the last year, a government employee pursuant to the services you will be providing to SRG, or do they currently have close family ties with a government employee involved with the services to be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you/your company, or any Board of Directors, Key Officers, Key Employees or Beneficial Owners (as applicable) been or currently employed by a separate entity affiliated with another party to any transaction relating to the services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Have you/your company or any affiliates or partner firms or individuals paid or are they going to pay any governmental official any compensation or fee in connection with the awarding or oversight of any services to be provided or anticipated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Do you/your company intend to pay, directly or indirectly, any commission or finder’s fee to a third party or agent relating to the services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If you or your company responded “yes” to any questions noted with an * please provide explanation:	

HUMAN RIGHTS, TRAFFICKING, AND MODERN SLAVERY	
Does your company protect human rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company prohibit human trafficking and modern slavery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what <u>is</u> your position on this?	
Social Accountability Certification	
Are you certified for Social Fingerprint (click for more information)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy of your current certification, including a summary of any recent audits to ensure compliance with the SA8000 standard .	
COMPLIANCE CERTIFICATION	
<p>On behalf of company, I attest and certify, in connection with our engagement to provide goods, equipment or services to Site Resource Group Inc., its subsidiaries and its affiliates (“SRG”), that I have received a copy of the SRG Business Ethics & Conduct Policy and its Anti-Bribery & Corruption Policy (“SRG Policies”), and I have read and understood its provisions, and am authorized to sign this certification individually and on behalf of the Company. Resultantly, I hereby covenant and agree that all Company persons (including lower tier subcontractors) providing by company to SRG, shall: (i) be advised of the SRG Policies; (ii) such parties shall comply with SRG Policies in addition to any such applicable laws in the jurisdiction; (iii) affirm that no commissions, or any other money or thing of nominal value has been or will be paid, offered, given promised or authorized directly or indirectly by Company to any Government Official and/or target Customer for the purpose of influencing any act, inaction or decision of such person, securing an improper advantage from such person, or inducing any such person to use their influence with Government and/or target Customer to affect or influence any such act or decision of such Government or target Customer; (iv) will keep complete and accurate records that fairly reflect the transactions and expenses related to the Company business and the records shall state in reasonable detail the purpose of each expense and the receipt and distribution of the asset; and finally (v) Company agrees that if future developments cause the representations and certifications provided herein to no longer be accurate or complete, it will promptly send SRG a written report detailing the causes and extent of the changes.</p>	
<input type="checkbox"/> I AGREE <input type="checkbox"/> I do NOT Agree	

6.0 – FINANCIAL

Please be advised that prior to first payment, your Finance Representative set out in Section 4, shall receive a phone call to verify banking details from a SRG Finance Representative.

General Info:			
Does your Company have audited financial statements? If yes, and you have done more than \$2M in work with SRG in the past calendar year, please provide copies for the last 3 financial years. \$ Value last calendar year: Click or tap here to enter text.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Company’s books and records maintained in accordance with your country’s standards or internationally accepted accounting standards?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Volumes: Annual billings for the last three years			
2020			
2019			
2018			
Equity / LOC Available:			
Banking Information – CANADIAN			
NOTE: Please provide a void cheque or bank issued document, endorsed by your bank.			
Bank Name:			
Bank Address:			
Bank Phone Number:			
Transit No.: (5 Digits)		Bank ID No.: (3 Digits)	

Account No.:		# of Yrs with Bank:	
IF APPLICABLE – International Wire Payments			
NOTE 1: Please provide additional intermediary bank details, if used by beneficiary (vendor) for international payments. If banking information differs for payment in non-CAD currency, please provide details.			
NOTE 2: Please provide a void cheque or bank issued document endorsed by your bank.			
Beneficiary (vendor) name and address:			
Beneficiary Bank Name:			
Beneficiary Bank Address:			
Swift Code / BIC:		IBAN:	
Account No.:			
If necessary, please provide other bank references on a separate sheet.			
<small>*Company hereby authorize and direct that all payments due to the Company from SRG shall be directly deposited into the above named bank account. We agree that SRG will not be liable for any loss occurring after the deposit has been made to the identified bank account. We also agree that any duplicate payment, overpayment, fraudulent payment made in error will be promptly returned to SRG. We acknowledge and agree that it is our responsibility to provide correct information.</small>			
Securities			
Name of Surety Company:			
Bonding Agent:			
Contact Name:		Telephone:	
Available Bonding Limits			
Performance & Labour Bond:			Maximum
Material Payment Bond:			Maximum

7.0 – LEGAL & COMMERCIAL

Please answer all questions to the best of your knowledge.

OWNERSHIP	
List all Owners (Companies or Individuals) of Company.	
<ul style="list-style-type: none"> • Ownership percentages must total 100% • Please provide the names of each legal and beneficial shareholder, together with a list of any majority or controlling interest in any other Company. If publically traded list each shareholder holding 5% or more individually. • Also, list all companies owned or controlled by Company. • Please provide a detailed list of any subsidiaries or parent company including registered number, country of registration and % of subsidiary owned. • Where possible please also provide the details in the form of a group structure chart. 	
Do you have ownership/affiliates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please List:	
BOARD OF DIRECTORS	
Please list all Members of the Board of Directors and all Officers of your company.	
KEY EMPLOYEES	
“Key Employees”: anyone with managerial responsibility (e.g. Director, CEO, or CFO) and any other employee with decision-making authority relevant to site products or services or involved with projects involving site products or services;	

List other Key Employees who will manage your company's relationship with SRG, have decision-making authority relevant to site products or services or to be involved with projects involving site products or services:				
EXPORT CONTROLS				
Does your company have an export control and sanctions program?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your company check designated persons lists for entities with whom the contract or supply (i.e. the end or actual users)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
What other diligence and background checks are carried out by your company prior to entering into contracts? Please provide details below.				
Please provide details below of all freight forwarders used by your business.				
REFERENCES				
Please provide a list of three (3) recent project references as set out below:				
Location	Type of Work	Size \$M	Customer Contact	Telephone
Has your company ever failed to complete a contract awarded to you?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your company ever evoked its lien rights?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
LEGAL ACTIONS				
Are there any judgements, claims or suits pending or outstanding against your company?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now, or have you ever been involved in any bankruptcy or reorganization proceedings?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
LABOUR RELATIONS				
Number of permanent employees:				
Please describe any affiliations with labour organizations:				
Please list all trade agreements or labour contracts that your company or any affiliate is a signatory to (include expiry dates):				
*Please submit a copy of your Annual RATE schedule, if applicable <input type="checkbox"/> attached <input type="checkbox"/> not attached				

8.0 – HEALTH, SAFETY, SECURITY & ENVIRONMENT (HSSE)

Please answer all questions to the best of your knowledge.

SAFE WORK PERFORMANCE				
Injury Experience / Historical Performance for the Company				
Use the current and previous 3 years injury and illness records to complete the following:				
	Current Year	Previous Year	2 Yrs. Ago	3 Yrs. Ago
# of Medical Treatment Cases:				
# of Restricted Work Day Cases:				
# of Lost Time Injury Cases:				
# of fatal injuries:				
Total Recordable Injury Frequency:				
Lost Time Injury Frequency:				
# of man-hours:				
<p><u>Definitions:</u> "Medical Treatment Cases" any occupational injury or illness requiring treatment provided by a physician or treatment provided under the direction of a physician. "Restricted Work Day Cases" any occupational injury or illness that prevents a worker from performing any of his/her craft jurisdictional duties. "Lost Time Injury Cases" any occupational injury that prevents the worker from performing any work for at least one day. "Total Recordable Injury Frequency" is the total number of Medical Treatments, Restricted Work Day Cases and Lost Time Injury Cases multiplied by 200,000 divided by total man-hours. "Lost Time Injury Frequency" is the total of Lost Time Injury Cases multiplied by 200,000 then divided by total man-hours.</p>				
*PLEASE PROVIDE A DESCRIPTION OF ANY LOST TIME INJURIES OR FATALITIES IDENTIFIED ABOVE.				
Do you have a full-time dedicated Safety representative?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your HSSE Management System been evaluated using an industry recognized audit within the last three (3) years? Examples include: COR/SECOR, OHSAS 18001, ISO 14001, ISRS. (if yes, please provide copy of certificate and most recent audit summary)				<input type="checkbox"/> Yes <input type="checkbox"/> No
H&S Inspections and Audits				
Explain your company's process for investigations; including any root cause analysis techniques				
How are incidents reviewed to prevent future occurrence?				
ORDERS AND CITATIONS				
Has your company been cited, charged or prosecuted under the Alberta Occupational Health and Safety Act or the Alberta Environmental Enhancement and Protection Action (or such other legislation applicable in the jurisdictions worked), in the previous 3 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your company ever been barred from working on any site, or been required to stop work due to an HSSE violation?				<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past three (3) years, has an OH&S or Environmental Regulator ever had cause to investigate your worksite? (not including regular inspections)?				<input type="checkbox"/> Yes <input type="checkbox"/> No

In the past three (3) years, has an OH&S or Environmental Regulator issued orders or citations against your company for HSSE violations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SAFETY PROGRAM			
Do your company have a written safety program manual? If "yes", provide an electronic copy.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your safety program contain the following elements:			
Core Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Roles & Responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rules & Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preventative Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Awards & Recognition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Inspection & Audits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Subcontractor Controls	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training & Competency	<input type="checkbox"/> Yes <input type="checkbox"/> No	TDG/WHIMS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meetings & Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Records, Stats & Document Control	<input type="checkbox"/> Yes <input type="checkbox"/> No
Journey Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Reporting & Investigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Claims Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug & Alcohol Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Response	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	Office Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bullying / Harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
HSSE TRAINING			
Can your company demonstrate that your employees have the required competencies for specific functions or high-risk tasks? If "yes", please provide a copy of the procedure used.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Understanding of training is verified by:	<input type="checkbox"/> Written Test; <input type="checkbox"/> Oral Test; <input type="checkbox"/> Performance Test; <input type="checkbox"/> Job Monitoring; <input type="checkbox"/> Mentoring; <input type="checkbox"/> Other If 'other' please specify:		
ORIENTATION & TRAINING PROGRAMS			
HSSE Orientation Program	New Hires	Supervisors	
Do you have a HSE Orientation Program for new hires as well as newly hired or promoted supervisors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the ORIENTATION Program include the following:			
General Rules & Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confined Space Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trenching & Excavating	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injury Reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signs & Barricades	<input type="checkbox"/> Yes <input type="checkbox"/> No
WHMIS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cranes & Rigging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right to Refuse Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Protective Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preventative Maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hand & Power Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ladders & Scaffolds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Prevention & Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fall Arrest Standards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Compressed Gas Cylinders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aerial Work Platforms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weather Extremes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your program for training newly hired or promoted SUPERVISORS include instruction of the following:			
Employer Responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	First/Aid Medical Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Due Diligence	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Worker Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Leadership	<input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Refusals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Processes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Job Safety Instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug & Alcohol Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Investigations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Progressive Disciplinary Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Work Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe Work Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notification Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Please attach with your submission your orientation and supervisor training documents.

SAFETY ACTIVITIES

Do you conduct safety inspections?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", what frequency?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
Does your safety inspection process include:		
Participation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document Requirements
Corrective Action	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-Up to Corrective Actions
Report Distribution Requirements		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company hold site safety meetings for field employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company hold contractor meetings where safety is addressed with Management and Field Supervisors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Pre-Job safety instructions provided before each new task?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the process documented?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Who leads the discussions:		
Does your company have a hazard assessment process?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a field level hazard assessment at the worker level?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a process for evaluating higher risk activities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a continuous improvement process for HSE including the following?		
HSE Action Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Safety Goals
Environmental Goals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Technology Initiatives
Safety Alerts & Formal Company Wide Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fit For Duty Program

Additional Comments:

HSSE PROGRAMS, PRACTICES AND STEWARDSHIP

Are incident reports and report summaries set to the following persons, and how often?

Workforce	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
Project / Site Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
Safety Director / Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
Executives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual

How are incident records and cost summaries kept? (e.g.: by project, by region, etc.)

How often are incidents reported internally? Week Month Quarter Annual

Does your company track non-injury incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are they summarized and communicated, in particular as follows:	
Near Miss	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
Property Damage	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
Fire	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
Security	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
Environmental	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Annual
HSSE COMMERCIAL QUERIES	
Do your employees have ready access to the OH&S Legislation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your waste management system identify and address all the Provincial, Territorial, Local and Federal Governmental regulations required for the disposal of any hazardous wastes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company have written programs for WHIMIS/HAZCOM including MSDS/SDS for all controlled products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company review monthly Carrier Profiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company monitor driver's hours of work and conduct log book monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is each of your workers' required HSSE training and retraining current?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company HSSE program included the following:	
Compressed Gas Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Driving and Journey Management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Confined Space Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fit for Duty (e.g. fatigue, illness, physical limits, focus, impaired, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Alcohol and Drug (include copy of policy or practice)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working at Heights	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Flammable Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Mechanical Hoisting and Lifting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working Alone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Workplace Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Working with H2S (hydrogen sulfide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lockout, Tag Out	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Utility Clearances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Heat Stress / Cold Stress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If required by legislation or work scope, do your employees have medical examinations for: (please select N/A only if not required)	
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pre-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Pulmonary Function Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company have written work practices for the following?	
Hearing Conservation Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Respiratory Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If respiratory protection is required, have employees been:		
- Mask Fit Tested		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- Trained in use of Respiratory Protection Equipment (RPE)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- Medically approved for Class A&B chemical suits with use of RPE		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Personal Protective Equipment (PPE)		
Does your company provide applicable PPE to employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a program to ensure PPE is inspected and maintained?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees trained in the use, care, and limitations of PPE?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Preventative Maintenance		
Does your company have a preventative maintenance program for your equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have maintenance staff and/or use an external maintenance provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
YOUR SUBCONTRACTORS		
Your subcontractors (if no subcontractors are involved, mark N/A and skip this section)		<input type="checkbox"/> N/A
As part of the selection process, does your company evaluate the ability of subcontractors to comply with applicable HSSE requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company monitor subcontractors HSSE performance at the worksite?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "yes", please describe how this is accomplished		
Does your company include your subcontractors in:		
HSSE Orientation		<input type="checkbox"/> Yes <input type="checkbox"/> No
HSSE Meetings		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audits		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspections		<input type="checkbox"/> Yes <input type="checkbox"/> No

9.0 – QUALITY ASSURANCE & CONTROLS

Please answer all questions to the best of your knowledge.

KEY QA/QC PERSONNEL	
*Please provide a copy of your organizational chart showing functional reporting of your quality department (Corporate, Site & Supervision). Is it attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your Company have dedicated Quality Assurance / Control personnel in the following positions?	
Quality Control and Quality Assurance Manager	<input type="checkbox"/> Yes <input type="checkbox"/> No
Field Quality Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Document and Records	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warehousing and Receiving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audits	<input type="checkbox"/> Yes <input type="checkbox"/> No
QUALITY MANAGEMENT SYSTEM (QMS)	
Do you have an approved quality control manual (ABSA, TSASK, etc)? If "yes", provide an uncontrolled copy in PDF format.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a Quality Management System Manual (ISO)? If “yes”, provide an uncontrolled copy in PDF format.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company ISO Certified or ISO ready?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, indicate the Quality Management System:	
<input type="checkbox"/> ISO 9001; <input type="checkbox"/> ISO 9002; <input type="checkbox"/> ISO 9003 Name of ISO Registering Body: Expiry date of current Registration:	
Does your company have a documented quality policy or a quality statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your employees motivated to achieve the defined quality objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your QMS system include provisions for the use of project quality management plans (PQMP)? *Provide Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your QMS process employ the use of an inspection and test plan (ITP)? *Provide Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No
QUALITY PLANNING	
Does your quality manual cover the following procedures?	
ITP development and implementation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Material sourcing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving and material inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-conformance reporting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Packing, storage and handling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internal auditing process	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records and document control and retention	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often do you revise your procedures, quality manuals, and other controlled documents?	<input type="checkbox"/> Never <input type="checkbox"/> Annually <input type="checkbox"/> Every 2 yrs. <input type="checkbox"/> As required
STANDARDS AND CERTIFICATION	
List codes and standards to which your company is qualified (ASME, API, ANSI, CSA, ASTM, CGSB, etc.) Include any sections/divisions e.g. CSA 47.1 Divn 2.1.	
PURCHASING	
Do you have a documented procedure for purchasing of materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your PO's contain material type, class, grade, colour code, inspection documents, receiving, preservation, maintenance, specification requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you confirm the material specifications with test certificate copies, prior to release to construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do you maintain a list of approved suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUPPLIER QUALITY CONTROLS	
Does your company perform a quality audit on its suppliers prior to use to evaluate their ability to supply acceptable material/product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company perform quality surveillance on your suppliers?	



3RD PARTY PRE-QUALIFICATION QUESTIONNAIRE
(SUBCONTRACTOR, VENDOR TYPE A & VENDOR TYPE B)

If "yes", how frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If surveillance and quality audits are performed, are the results available to SRG for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are PO's reviewed by your quality group for compliance to specifications and drawings prior to processing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNING THIS DOCUMENT IS CONFIRMATION THAT YOU HAVE SHARED THE REQUIREMENTS HEREIN WITH THE EMPLOYEES OF YOUR ORGANIZATION WHO WILL BE WORKING FOR AND ON BEHALF OF SRG, AND THAT THE INFORMATION YOU HAVE SUPPLIED IS BOTH ACCURATE AND TRUTHFUL.

I declare that the information provided on this questionnaire is true and correct to the best of my knowledge, and open to review by SRG.	
Company	Date
Name (Printed)	Signature

Thank you for participating in our THIRD PARTY prequalification process! We will advise you of your application status within 7 business days.

RELEASE OF INFORMATION CONSENT FORM

Company agrees that, in order to be considered for supply to SRG (or its subsidiaries, segments or affiliates), Company must provide certain information to SRG. Company therefore agrees and consents, as a condition to its being considered for supply to SRG, to the following:

Company agrees and consents to the release to SRG, or to third parties retained by SRG to conduct investigations on its behalf, of information possessed or maintained by information sources about and concerning Company (hereafter "information sources") which serves to support, verify or qualify answers to inquiries set forth in SRG's 3rd Party Qual. Questionnaire Application. Such information sources will include, but are not limited to, entities with which Company maintains banking or other financial relationships, business references provided by Company, governmental or regulatory agencies and which Company has had dealings, contacts or affiliation.

By signing this document in the space set forth below, Company further agrees:

- a) that any and all said information sources may completely and unqualifiedly on said signature of Company, without further question, inquiry or qualification, and provide to SRG such information, in writing or otherwise as reasonably requested by SRG, as is necessary for SRG to completely and thoroughly make a retention determination with respect to Company; and
- b) to release, indemnify and hold harmless SRG, third party investigative representatives retained by SRG, as well as the information sources themselves from and against any and all claims, demands, costs, expenses, or liabilities arising from or related to, directly or indirectly, the release of said information by such information sources. This release, indemnity and hold harmless provision shall survive the termination or lapse of this Consent to Release of Information.

It is understood that SRG will use the information obtained hereby solely for the limited purpose of validating the veracity and thoroughness of information separately provided to SRG by Company, in order for SRG to make an informed decision about supply arrangements with SRG. This may involve the use by SRG of third party investigative representatives.

SRG may disclose the information to the extent required by law, by any governmental or other regulatory authority (including, without limitation, any relevant stock exchange or exchange commission), or by a court or other authority of competent jurisdiction.

This Release of Information Consent is agreed to and effective as of the date written below and, except with regards to clause 3 above, shall remain in full force and effect for the latter of: 12 months hereafter or until 12 months after all work, services and product supplied to SRG is complete, at which date this Release of Information Consent shall lapse.

Signature: _____

Print Name:

Title/Position:

Date:

DOCUMENTS TO BE RETURNED BY COMPANY ALONG WITH THE COMPLETED QUESTIONNAIRE

Please provide the following documentation to support the responses you have provided in this questionnaire:

- Release of Information Consent Form
- Audited Financial Statements (last 3 years)
- Void Cheque or Bank issued document, signed by Bank
- Bank Details & References
- Company Incorporation Certificates
- Current (valid) trade registration certificates
- Directors Information from Corporate Registry (or equivalent) or Lawyers Letter
- Shareholders Information from Corporate Registry (or equivalent) or Lawyers Letter
- Proof of Identity for Key Shareholders/Directors where your contract with SRG exceeded \$2M CAD in the past calendar year

You are required to supply ONE primary photo identification document from the list below

If this cannot be obtained, you must supply at least ONE primary non-photo identification

document and ONE secondary identification document stating the current residential address.

Primary Photo ID	Primary Non-Photo ID	Secondary ID
<ul style="list-style-type: none"> ▪ Driver's License (current) ▪ Driver's License Permit (current) ▪ Passport (expiry date no less than 2 years from date of submission) ▪ National Photo ID Card (current) 	<ul style="list-style-type: none"> ▪ Birth Certificate ▪ Citizenship Certificate ▪ Birth Certificate/Marriage Certificate (confirm maiden name to married name) 	<ul style="list-style-type: none"> ▪ Tax Notice (less than 12 months old) ▪ Utility Bill – Electricity, Telephone (landline), etc. (not more than 3 months old)

- Group Structure (org chart – list all companies owned or controlled by company)
- If Publically Traded; list of each shareholder holding 5% or more individually
- Insurance Certificates
- WCB Employer Premium Rate Statements (3 years) – for each jurisdiction
- WCB Letter in Good Standing (clearance letter) – for each jurisdiction
- Annually signed Health, Safety, Environmental (HSE) Policy conforming to legislation
- HSE Manual including: (i) Alcohol & Drug policy; (ii) procedure to verify worker competence; (ii) investigation process.
- Safety Certifications & Audit Summaries (COR, SECOR or other)
- Description of HSE Citations (if applicable) & description of any Lost Time Injury or Fatality Identified
- Recordable incident list, with corrective actions listed for past 3 years
- Copy of current company Safety Organizational Chart
- Copy of current company Quality Organization Structure
- Quality Assurance Program Manual(s)
- Project Quality Management Plan (PQMP) sample
- Inspection Test Plan (ITP) sample
- ISO Certificates, Governing Jurisdiction Certificates
- Transportation Suppliers to provide their Carrier Profiles
- Validation of Indigenous Ownership (if applicable)



3RD PARTY PRE-QUALIFICATION QUESTIONNAIRE
(SUBCONTRACTOR, VENDOR TYPE A & VENDOR TYPE B)

- Copy of your company Anti-Bribery as well as Code of Ethics Policies (if applicable)
- Copy of Social Fingerprint Audit (SA8000 Standard) (if applicable)
- Annual Rate Table