

**QU 2019-Q02C**

**REQUEST FOR QUOTATION  
HOUSEKEEPING SERVICES  
540 ALBERT STREET  
SAULT STE. MARIE, ONTARIO**

**December 2019**



December 12, 2019

**SUBJECT:           REQUEST FOR QUOTATION**  
**QU 2019-Q02C**  
**HOUSEKEEPING SERVICES**  
**540 ALBERT STREET**  
**SAULT STE. MARIE, ONTARIO**

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The *Sault Ste. Marie Housing Corporation* invites sealed tenders for **HOUSEKEEPING SERVICES** at **540 ALBERT STREET EAST**.

In order to be considered, all tenders must be received by the *Sault Ste. Marie Housing Corporation*, 180 Brock Street, Sault Ste. Marie, ON P6A 3B7, no later than **Thursday, December 19, 2019 at 2:00 P.M.**

Please note that this is a Request for Quotation, therefore tenders will not be opened publicly. The quotations will be reviewed by the committee and once a decision is made, all bidders will be notified which Contractor have been awarded the Contract.

Please complete the tender and other related forms as applicable and return in the envelope provided. Deliver your price in the envelope provided to the *Sault Ste. Marie Housing Corporation*, 180 Brock Street, Sault Ste. Marie, Ontario, P6A 3B7 by the above noted date.

The Contract shall be for a period of **four (4) years** beginning upon award and ending **March 31, 2024.**

The lowest or any tender will not necessarily be accepted.

Yours truly,

Jeff Barban, Director of Housing Services

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INSTRUCTIONS TO BIDDERS

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**1. GENERAL DESCRIPTION OF WORK**

- .1 All Contractors submitting a quote shall take the following into consideration:
- .1 **Insurance:** The Contractor will keep in force for the duration of the contract, Public Liability and Property Damage Insurance in an amount not less than **\$5,000,000.00** without limiting the foregoing such insurance coverage shall include Comprehensive General Liability; Contractual Liability, Personal Injury, Contingent Liability with respect to Sub-Contractors. Details of the Insurance Policy must be included on the Quotation Form and the successful Contractor must provide a copy of the certificate prior to commencement of the work.
- .2 The bidder shall obtain at his own expense all licences or permits required by law, statute or regulation made there under.
- .3 **WSIB:** The contractor shall produce a valid WSIB Certificate of Clearance Form at the commencement of the contract and updated copies as renewed.
- .4 **Standardized Safety Orientation Course:** All Contractors and Subcontractors employees who work in a corporate workplace and/or job-site are required to have a valid identification card that confirms the worker has attended a safety course such as:
- The "Standardized Safety Orientation Course" administrated by the *Sault Safe Communities Partnership*.
  - "Construction Health and Safety Orientation Program" administrated by the *Sault Ste. Marie Construction Association* or an equivalent as determined by the *Sault Ste. Marie Housing Corporation*.
- .5 **Definitions:** "**Owner**" means *Sault Ste. Marie Housing Corporation (SSMHC)*.
- .6 Address inquiries to Liza Chikoski, Infrastructure and Asset Manager (705) 759-5131. We will provide access to the building upon request.

**END OF SECTION**

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2. **SCOPE OF WORK**

- .1 Provide all labour, material, equipment and transportation necessary to provide **HOUSEKEEPING SERVICES** for the following defined in (Appendix "A"). This work will include cleaning of public spaces.

3. **Normal Work**

- .1 This work shall be carried out as during the specified working hours. All work above and beyond this contract shall be completed as per mutual agreement of both parties.

4. **Emergency Work**

- .1 Emergency work if required will be determined by the *SSMHC*. This will be performed immediately and continuously until completion and will begin immediately upon notification from *SSMHC*.

5. **Payment**

- .1 All scheduled work shall be invoiced on a monthly basis. The Contractor shall submit invoices for all other work not within the scope of this contract at the completion of the work to the *SSMHC* office within a reasonable timeframe
- .2 All monthly invoices must reference the purchase order. All other invoices must show the work order number and be in detail. **Material and Labour costs must be separated** and shown to itemize material cost per item and amount of time included for labour with the labour rate shown.
- .3 Upon receipt, verification and approval of said invoice by the Corporation, a cheque authorizing payment or electronic funds transfer will be issued against the invoices submitted. The Contractor will give *SSMHC* the right to consolidate work orders under a single cheque or EFT, but at no time will this consolidating period exceed **thirty (30)** days.

- .4 If upon receipt and verification of said invoice, *SSMHC* is not in agreement, the invoice will be returned to the Contractor for re-consideration in accordance with comments submitted by the *SSMHC*.

6. **Specifications**

- .1 All work shall conform to Federal, Provincial and Municipal Laws and Regulations. The Contractor shall provide and pay for all necessary permits, fees and inspections.
- .2 All work will be performed in accordance with the best standard practice.
- .3 The Contractor will be responsible for repairing to existing or better condition all damage that may be caused by movement of ladders, equipment or materials during execution of the work.

7. **Storage**

- .1 Materials shall be stored, covered and protected at all times. **SSMHC will provide storage space for materials in assigned janitorial rooms where available.** The Contractor shall conform to regulations of Authorities having jurisdiction.
- .2 The Contractor shall be responsible for all materials and equipment being used on site and for safeguard of such in case of damage to *SSMHC* property.

8. **Clean-up**

- .1 The Contractor shall be responsible for removing and disposing of all debris resulting from their work.
- .2 Garbage bins on our property are meant for *SSMHC* use **only.**

9. **General Instruction and Conditions of Contract**

- .1 The Contractor shall furnish all labour, materials, equipment, transportation and any other incidentals required to provide **HOUSEKEEPING SERVICES** on an “as and when required” basis.

- .2 This Contract shall commence immediately upon the Contractor being notified in writing to do so by the Owner and shall be for a period of **four (4) years** beginning upon award and ending **March 31, 2024**.
- .3 Contracts will be awarded to Contractor who has returned a signed Submission Form and who satisfy the *SSMHC* requirements that they have the experience and ability to accomplish the service required. The *SSMHC* will select **one (1)** qualified Contractor for this Contract.
- .4 It is understood that any one or more Contractors may be utilized for maintenance in the same area and such other areas as may be added from time to time during the term of the contract. In emergency situations, the Owner reserves the right to issue work to any qualified Contractor.
- .5 All work performed by the Contractor shall be completed to the satisfaction of the *SSMHC*. Failure to provide and maintain a standard of service and workmanship acceptable to the *SSMHC* will result in the Contractor receiving no further allocation of work immediately following the period in which the unsatisfactory work was carried out and render the Contractor, at the discretion of the *SSMHC* to remove from the pre-qualified list. Expenses incurred by the *SSMHC* will be taken from outstanding accounts.
- .6 The Contractor shall submit evidence of compliance with all the requirements of the *Workplace Safety and Insurance Act*. **It is the Contractor's responsibility to submit a current WSIB Clearance Certificate every 90 days.**
- .7 The Contractor will indemnify and save harmless the *SSMHC* and its officers and agents from all claims relating to labour and materials furnished for the work and from and against all claims, demands, losses, costs, damages, actions, suits or proceedings by whomsoever made, brought or prosecuted in any manner based upon, arising out of, related to, occasioned by or attributable to the activities of the Contractor in executing the work under the contract or to an infringement or an alleged infringement by the contract of a patent of invention.
- .8 All work, materials and products, which is proposed in this submission will comply with the specification attached and will not be changed without the written consent of the *SSMHC*. Failure of any work material, product or method of timing to meet the specification shall be sufficient reason for the *SSMHC* to order suspension of all work until it is satisfactorily proved by the Contractor that the specifications are being complied with. If satisfactory proof is not established within seven (7)

days, the *SSMHC* reserves the right to immediately terminate this contract by notice in writing forwarded by prepaid registered post to the last known address of the Contractor. Further, the Contractor hereby agrees to indemnify the *SSMHC* against any and all cost & expenses which may be incurred by reason of the Contractor using materials and/or methods of application not in accordance with the specifications.

- .9 Where applicable, inspection certificates from Federal, Provincial or Municipal Authority responsible for the issuance of same and the Contractor agrees to obtain and deliver such certification to the *SSMHC* before receiving final payment.
- .10 This contract may not be assigned or sublet without the written consent of the *SSMHC*
- .11 The Contractor shall provide all necessary permits, licenses, etc. All work shall conform to all Federal, Provincial or Municipal laws and regulations.
- .12 The Contractor shall furnish all labour, materials, equipment, transportation, and any other incidentals required.
- .13 The existing sanitary services, where provided may be used by the Contractor and their personnel.
- .14 The Contractor shall be solely responsible for loss or damage of materials or equipment for any materials delivered from whatever source.
- .15 A bidder must be prepared, if requested, to present evidence of experience, ability, service facilities, tools etc., necessary to meet satisfactorily the requirements set forth or implied in the tender. The above will also be considered in awarding of this contract.
- .16 The *SSMHC* reserves the right to cancel this contract at any time without incurring or being liable for any costs, fees, charges of any kind.
- .17 The Owner reserves the right to create a list of standardized products/materials for use on with this Contract. This list may be updated/changed throughout the duration of the Contract. The Owner also reserves the right to purchase and stock these standardized products to be made available for installation by the Contractor.



10. **Labour Rates**

- .1 Labour shall be calculated on the actual time working at the building.

11. **Award / Cancellation**

- .1 The Owner has the unqualified right to accept or reject any Submission and waive the formalities in any Quotation documents as the interest of the Owner may require; without giving any reasons for any such action.
- .2 The *SSMHC* will select **one (1)** qualified contractor and the unsuccessful bidders will be put on a list and called as required in the future.  
**Appendices must be completed and submitted with the submission form by all Contractors.**
- .3 A bidder must be prepared, if requested, to present evidence of experience, ability, service facilities, tools etc., necessary to meet satisfactorily the requirements set forth or implied in the tender. The above will also be considered in awarding of this contract. All work will conform to Federal, Provincial and Municipal Laws and regulations.
- .4 The *SSMHC* reserves the right to cancel this contract at any time without incurring or being liable for any costs, fees, charges or surcharges of any kind.

12. **Contractor Information Criteria - An Explanation**

- .1 Assessment of contractors will consider a number of factors such as:
- .1 How long has the company been in operation.
- .2 How many years of continuous service with the *SSMHC* does the company have.
- .3 Does the Contractor have a good record of past service both with the *SSMHC* and with other clients.
- .4 What physical resources does the Contractor have available (ex: vehicles, tools, equipment, etc.)
- .5 How many field and office staff does the Contractor have available and what are their positions.

- 
- .6 What office systems does the Contractor have in place (ex: computerized accounting, etc.)
- .7 What communication systems does the Contractor have (ex: phone, fax, mobile phone, pager, email, etc.)
- .2 None of the above are firm requirements in of themselves. For example, it is not the intent of the *SSMHC* to disqualify any Contractor because they do not have permanent full-time office staff, or because they do not use a computerized bookkeeping system. The above criteria are simply factors that will be given consideration. Each area will be ranked according to weighting indicating the relative importance of that particular item to the *SSMHC*.
13. **Communication**
- .1 Contractors are required to have some form of immediate communications (ex: mobile telephone, etc.) for Emergency Work purposes.
- .2 Contractors are to respond within a reasonable time frame. However, in an emergency situation, they must respond immediately.
14. **Schedule**
- .1 The successful Contractor shall be available five **(5)** days/week.

**END OF SECTION**

Mr. Jeff Barban  
Sault Ste. Marie Housing Corporation  
180 Brock Street  
Sault Ste. Marie, ON P6A 3B7

**RE: QU 2019-Q03**

**REQUEST FOR QUOTATION – HOUSEKEEPING SERVICES**

**LOCATION: 540 ALBERT STREET EAST  
SAULT STE. MARIE, ONTARIO**

**TENDER CLOSING: Thursday December 19, 2019  
@ 2:00 P.M. LOCAL TIME**

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Having carefully examined the Contract Documents and visited the site and examined all conditions:

- 1) I /We attach the material and information as required in the Bid Documents and agree to provide **HOUSINGKEEPING SERVICES** at 540 Albert Street East owned by the *Sault Ste. Marie Housing Corporation* at the following rates.
  - a) **Hourly Rate during Regular Working hours:** \$ \_\_\_\_\_
  - b) **Hourly Rate during Emergency Work:** \$ \_\_\_\_\_  
(outside normal working hours)
- 2) Please provide quotations to provide labour, equipment and janitorial supplies for the following address:
  - a) **540 Albert Street Scope of work and schedule as outlined in Appendix "A"**  
\$ \_\_\_\_\_  
/month (not incl. H.S.T.)
- 3) I/We agree to comply in all respects with the requirements set out in the Bid Documents including ADDENDA Nos. to . (If no addenda have been received, indicate "NIL" in the spaces provided.)

- 4) I/We agree to commence this work immediately upon being notified in writing to do so by the Owner and that service work will be on a continuous basis to **March 31, 2024**.
- 5) I agree to provide proof that all employees of the Contractor working within the above noted property are bondable.
- 6) This Contract will be for a period of **Five (5)** years.

**SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_**

**\*CONTRACTOR:** \_\_\_\_\_

**AUTHORIZED SIGNING OFFICER:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ (Must be witnessed if no seal)

**NOTE:** BIDDERS ARE ADVISED THAT FAILURE TO COMPLETE THIS FORM WILL BE CAUSE FOR DISQUALIFICATION OF THE BID.

**\*Affix Corporate Seal.**

**END OF SECTION**

**HOUSEKEEPING SERVICES**  
**SPECIFICATIONS**

**540 ALBERT STREET EAST**

**MONDAY – FRIDAY (Evenings 4:30 PM Start Time):** *(Saturday and Sunday optional with the approval of SSMHC)*

These specifications are designed to represent the recommended frequency of services anticipated, but are subject to specific site and weather conditions, with the fundamental criterion being that there be no visible soil on the premises at the commencement of normal business hours.

**1 ENTRANCES, MAIN LOBBY AND HALLWAYS****1.1 NIGHTLY SERVICES**

- 1.1.1 Non-carpeted flooring will be swept using a dust – preventive method, washed and spray buffed.
- 1.1.2 Matting will be thoroughly vacuumed.
- 1.1.3 All lobby carpet will be vacuumed and spot cleaned.
- 1.1.4 All entrance glass will be cleaned on both sides.
- 1.1.5 All metal door frames will be wiped down.
- 1.1.6 All finger marks and smudges will be removed from walls, tabletops, reception desks, directory boards, and interior glazing.
- 1.1.7 All horizontal surfaces such as furniture, ledges, heating apparatus, and similar surface will be wiped.
- 1.1.8 All waste receptacles will be emptied and cleaned.
- 1.1.9 Furniture will be brushed or spot-wiped when appropriate.
- 1.1.10 Cigarette butts, matches etc. will be swept and removed from outside walkways steps and landings.

## 1.2 PERIODIC SERVICES

- 1.2.1 Non-carpeted flooring will be stripped and refinished twice each year, with such service recorded by the Landlord or its representative.
- 1.2.2 All floor Grilles in entrances will be lifted and the recess thoroughly cleaned weekly.
- 1.2.3 All fabric furniture will be vacuumed weekly.
- 1.2.4 Carpeted flooring will be professionally steam cleaned once each year.
- 1.2.5 All windows will be washed inside and outside twice a year.

## **2. ELEVATOR LOBBIES**

### 2.1 NIGHTLY SERVICES

- 2.1.1 Non-carpeted flooring will be swept using a dust-preventive method, washed and spray buffed.
- 2.1.2 All carpeted floors will be thoroughly vacuumed wall-to-wall and spot-cleaned, spots being defined as a maximum of three inches in diameter.
- 2.1.3 All waste receptacles will be emptied and cleaned, pursuant to the provisions of schedule "F".
- 2.1.4 Drinking fountains will be cleaned with germicidal agent and polished,
- 2.1.5 All doors will be cleaned and damp-wiped.
- 2.1.6 Finger marks and smudges will be removed from walls, glass, signs, and elevator call button panels.
- 2.1.7 Elevator doors and frames will be damp-wiped.

### 2.2 PERIODIC SERVICES

- 2.2.1 Non-carpeted floors will be stripped and refinished twice each year, with such service being recorded in the daily logbook by the Landlord.

- 2.2.2 High dusting of door frames, ledges, and similar surfaces, will be preformed every two weeks.
- 2.2.3 Carpeted flooring will be professionally steam cleaned once each year.
- 2.2.4 All windows will be washed inside and outside twice per year

### **3. ELEVATORS**

#### **3.1 NIGHTLY SERVICES**

- 3.1.1 All carpets will be thoroughly vacuumed and spot-cleaned.
- 3.1.2 Walls, glass, and metal work will be cleaned and polished.
- 3.1.3 Door tracks will be vacuumed and wiped.
- 3.1.4 Doors and door frames on all floors will be damp-wiped.

#### **3.2 PERIODIC SERVICES**

- 3.2.1 Elevator tracks will be brushed and polished weekly.
- 3.2.2 Carpeted flooring will be professionally steam cleaned once each year.
- 3.2.3 All windows will be washed inside and outside twice per year.

### **4. WASHROOMS**

#### **4.1 NIGHTLY SERVICES**

- 4.1.1 Floors will be swept, washed, and rinsed using a germicidal agent.
- 4.1.2 All basins, toilet bowls, and urinals will be washed and disinfected.
- 4.1.3 Both sides of all toilet seats will be washed and disinfected.
- 4.1.4 Paper towel and sanitary disposal receptacles will be emptied and cleaned.
- 4.1.5 All mirrors, counters, shelves, and exposed plumbing will be cleaned and polished.
- 4.1.6 All toilet tissue holders, soap dispensers, towel dispensers, and sanitary napkin or tampon dispensers will be replenished.

#### 4.2 PERIODIC SERVICES

- 4.2.1 Partitions and tile walls will be washed monthly.
- 4.2.2 Floors will be machine-scrubbed monthly.
- 4.2.3 Lights and grilles will be cleaned monthly.
- 4.2.4 Partitions, tile walls, and dispensers will be damp-wiped with germicidal agent weekly.

### 5. COFFEE STATIONS AND KITCHENS

#### 5.1 NIGHTLY SERVICES

- 5.1.1 Sinks and counter tops will be cleaned with germicidal agent and polished.
- 5.1.2 Finger marks and smudges will be removed from doors, walls, and cupboards.
- 5.1.3 The exterior of appliances will be wiped clean.
- 5.1.4 Table tops, and chairs will be wiped clean.
- 5.1.5 All waste receptacles will be emptied and cleaned. The exterior of waste receptacles will be cleaned and liners replaced.
- 5.1.6 Non-carpeted floors will be swept and damp-mopped.
- 5.1.7 Carpeted floors will be thoroughly vacuumed and spot-cleaned, spots defined as a maximum of three inches in diameter.

#### 5.2 PERIODIC SERVICES

- 5.2.1 Bases of tables will be wiped clean weekly.
- 5.2.2 Dusting of horizontal surfaces beyond six feet in heights will be performed monthly.
- 5.2.3 Fabric furniture will be vacuumed monthly.
- 5.2.4 Non-carpeted floors will be spray-buffed weekly, stripped and refinished twice each year.
- 5.2.5 Carpeted flooring will be professionally steam cleaned once each year.



**6. OFFICE AREAS****6.1 NIGHTLY SERVICES**

6.1.1 All non-carpeted flooring will be swept using a dust-preventive method; spillages will be removed.

6.1.2 All carpeting will be vacuumed in traffic lanes, meaning the area of movement by an employee to and from his/her desk, and litter will be picked up in any other area.

6.1.3 All waste paper receptacles will be emptied, with liners replaced as necessary and if applicable.

6.1.4 All furniture, window ledges, and workstation partitions will be dusted to the level of five feet.

6.1.5 Finger marks and smudges will be removed from walls, glazing, and file cabinets.

6.1.6 Telephones will be dusted.

6.1.7 All entrance doors will be locked during and after housekeeping services.

6.1.8 Replace all fluorescent and incandescent bulbs as required.

**6.2 PERIODIC SERVICES**

6.2.1 Non-carpeted floors will be spray-buffed weekly, stripped and refinished twice each year.

6.2.2 Carpeted floors will be thoroughly vacuumed weekly: wall to wall, corners and edges, desk wells, and shall be spot-cleaned weekly, spots defined as having a maximum diameter of three inches.

6.2.3 Vertical surfaces, such as sides and desks. Tables, filing cabinet, and equipment will be hand dusted weekly.

6.2.4 Wall hangings (except art work), tops of doors, high ledges and cabinets, exit signs, wall clocks and similar items will be dusted once per month.

6.2.5 All fabric chairs will be whisked or vacuumed monthly.

6.2.6 Telephones will be wiped clean monthly with a germicidal agent.

- 6.2.7 All kick plates, push plates, and similar metal will be cleaned weekly.
- 6.2.8 All waste receptacles will be washed monthly.
- 6.2.9 Blinds/drapes will be dusted/vacuumed twice annually, as appropriate.
- 6.2.10 Window ledges will be damp-wiped weekly.
- 6.2.11 Wax, scuffmarks, or dust will be removed from baseboards weekly.
- 6.2.12 Interior glazing will be washed, on both side, twice each year.
- 6.2.13 Recycling receptacles will be emptied and relined as required.
- 6.2.14 Carpeted flooring will be professionally steam cleaned once each year.

## **7. STAIRWELLS AND LANDINGS**

### **7.1 NIGHTLY SERVICES**

- 7.1.1 Stairs and landings will be policed for litter and spills.
- 7.1.2 All doors and hardware will be dusted, and finger marks removed.
- 7.1.3 Wipe down all handrails.

### **7.2 PERIODIC SERVICES**

- 7.2.1 All stairs and landings will be damp-mopped weekly and washed monthly.
- 7.2.2 If applicable, landings will be spray-buffed weekly, refinished as necessary to maintain an optimum appearance, stripped and refinished annually.
- 7.2.3 All baseboards, ledges, interior doors, kick and push plates, handles and door knobs, and light fixtures will be dusted monthly.

## **8. RECEIVING AREAS**

### **8.1 NIGHTLY SERVICES**

- 8.1.1 Litter will be picked up and waste removed.
- 8.1.2 Flooring will be swept and damp-mopped.

### **8.2 PERIODIC SERVICES**

- 8.2.1 Flooring will be thoroughly washed weekly.

**9. JANITORIAL ROOMS AND FACILITIES**

These facilities (including their doors, frames, kick and push plates, handles, knobs, floors, ceiling grilles, shelving, vertical and horizontal surfaces, baseboards, light fixtures) must be maintained to reflect the same standards established in the Building for comparable areas. Janitorial contractor's materials and equipment must be stored in orderly and neat fashion and no accumulation of dirty rags or other debris will be permitted.

**10. GROUNDS**

10.1 Landscaping and maintenance of all outside or enclosed areas.

10.2 Removal of snow and ice including dirt, dust, or other loose or objectionable materials from sidewalks, including municipal sidewalks if applicable, driveways and parking lots to ensure the safety of the public and unhindered flow of vehicular traffic.

**11. INSPECTION**

The tenant will have the right to inspect the Building to ensure that the work is being performed to the Tenant's satisfaction.

**END OF SECTION**

**CONTRACTOR INFORMATION**

**Company Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Emergency Contact Name/Phone: \_\_\_\_\_

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

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

Contact Name/Title: \_\_\_\_\_

- Type:  Corporation  
 Partnership  
 Sole Proprietorship

**Trade Certification/Licensing**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work History**

Years in business: \_\_\_\_\_

Years of service with SSMHC: \_\_\_\_\_

**Communications**

Office Facilities (check all that apply):

- Dedicated business phone line
- Dedicated business fax line
- Answering service
- Email

**Field Staff:**

- Pagers
- Cellular phones
- Radio-equipped vehicles

**Response Time**

During regular hours: \_\_\_\_\_

After hours: \_\_\_\_\_

**Administration**

Bookkeeping/Accounting is done:

- In-house (manual system)
- In-house (computerized system)
- By an external bookkeeping or accounting firm

**Physical Resources**

Specialized Equipment Available:

| <u>Type</u> | <u>Description</u> |
|-------------|--------------------|
|             |                    |
|             |                    |
|             |                    |

Vehicles Available:

| <u>Type</u> | <u>Description</u> |
|-------------|--------------------|
|             |                    |
|             |                    |
|             |                    |

**Human Resources**

Field Staff:

| <u>Name</u> | <u>Position</u> | <u>Duties</u> | <u>Full Time or Part Time</u> |
|-------------|-----------------|---------------|-------------------------------|
|             |                 |               |                               |
|             |                 |               |                               |
|             |                 |               |                               |

Office Staff:

| <u>Name</u> | <u>Position</u> | <u>Duties</u> | <u>Full Time or Part Time</u> |
|-------------|-----------------|---------------|-------------------------------|
|             |                 |               |                               |
|             |                 |               |                               |
|             |                 |               |                               |
|             |                 |               |                               |
|             |                 |               |                               |

References:

| <u>Client Name (Company or Individual)</u> | <u>Contact Name</u> | <u>Telephone</u> |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**Other Information**

Use this space to provide any Information about your firm that may have a bearing on your abilities to provide **BUILDING CLEANING SERVICES** for the *Sault Ste. Marie Housing Corporation*.

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**END OF SECTION**

**SAFETY REPORTING AND HISTORY**

**ACCIDENT STATISTICS/REPORTING**

Indicate total number of employees (including part-time employees and management) \_\_\_\_\_

Do you maintain files on accident reports?  Yes  No

Do you file a WSIB FORM 7 for applicable work-related injuries or occupational diseases?  Yes  No

Do you have a modified/light duty work program?  Yes  No

Have there been any critical injuries?  Yes  No

If yes, how many during the last five (5) years? \_\_\_\_\_

If yes, did you report these critical injuries to the Ministry of Labour?  Yes  No

Have there been any fatalities?  Yes  No

If yes, how many? \_\_\_\_\_

**STOP WORK ORDERS**

Have you received an Occupational Health and Safety Stop Work Order or equivalent from the Ministry of Labour or Labour Program Officer in the last five (5) years?  Yes  No

If yes, how many and describe? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONVICTIONS**

Have you been convicted under the Occupational Health and Safety Act or the Canada Labour Code Part II in the last five (5) years?  Yes  No

If yes, how many and describe? \_\_\_\_\_

\_\_\_\_\_

**HEALTH AND SAFETY MANAGEMENT**

Contact information for person responsible for Health and Safety:

Name: \_\_\_\_\_

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

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



Is this a full-time Health and Safety Professional?  Yes  No

**HEALTH AND SAFETY**

Do you have a written health and safety policy?  Yes  No

Do you have a written safety program in place to implement policy?  Yes  No

If yes, please attach a copy of the Table of Contents of your Health and Safety Program.  Attached

Do you have a Joint Health and Safety Committee (JHSC) in place?  Yes  No

If yes, do you hold JHSC meetings?  Yes  No

How often? \_\_\_\_\_

Do you record and maintain minutes of the JHSC meetings?  Yes  No

Do you have a Health and Safety Representative in place rather than a committee?  Yes  No

Do you hold safety meetings or "toolbox" meetings?  Yes  No

If yes, how often? \_\_\_\_\_

Do you maintain records of these meetings?  Yes  No

Do you conduct workplace safety inspections?  Yes  No

If yes, how often? \_\_\_\_\_

**TRAINING PROGRAMS**

Does your company have an employee safety training program?  Yes  No

If yes, please indicate what applicable training programs (list others in space provided):

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Accident Investigation                    | <input type="checkbox"/> Emergency Procedures           | <input type="checkbox"/> Ladders                               | <input type="checkbox"/> Respirator                    |
| <input type="checkbox"/> Regulations for Industrial Establishments | <input type="checkbox"/> Excavation, Trenching, Digging | <input type="checkbox"/> Regulations for Construction Projects | <input type="checkbox"/> Fall Arrest/ Restraint/Rescue |
| <input type="checkbox"/> Designated Substances                     | <input type="checkbox"/> Personal Protective Equipment  | <input type="checkbox"/> Occupational Health & Safety Act      | <input type="checkbox"/> Trans Dangerous Goods         |
| <input type="checkbox"/> Confined Spaces                           | <input type="checkbox"/> Scaffolding                    | <input type="checkbox"/> Explosive Fasten Tools                | <input type="checkbox"/> Traffic Control               |
| <input type="checkbox"/> Cranes/Housing                            | <input type="checkbox"/> Fire Extinguisher              | <input type="checkbox"/> Power Line Awareness                  | <input type="checkbox"/> Signs/Barricades              |
| <input type="checkbox"/> Cutting and Welding                       | <input type="checkbox"/> First Aid/CPR                  | <input type="checkbox"/> Propane Handling                      | <input type="checkbox"/> WHMIS                         |
| <input type="checkbox"/> Chainsaw                                  | <input type="checkbox"/> Forklift                       | <input type="checkbox"/> Lockout/Tagout                        | <input type="checkbox"/> Rescue                        |
| <input type="checkbox"/> Elevated Work Platforms                   | <input type="checkbox"/> Fuel Dispensing                | <input type="checkbox"/> Workplace Inspections                 | <input type="checkbox"/> Asbestos                      |
| <input type="checkbox"/> Plumbing Safety                           | <input type="checkbox"/> Housekeeping                   | <input type="checkbox"/> Other (please specify)                |  |
|  |   |  |  |

Do you have a safety training program for lead hands or supervisors?  Yes  No

If yes, does your training program include formal instruction in the following:

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Fire Protection and Prevention | <input type="checkbox"/> Occupational Health & Safety Act/Regulations | <input type="checkbox"/> Safe Work Practices    | <input type="checkbox"/> Toolbox/Tailgate Meetings |
| <input type="checkbox"/> Emergency Procedures           | <input type="checkbox"/> New Worker Orientation                       | <input type="checkbox"/> Safety Supervision     | <input type="checkbox"/> Site Supervision          |
| <input type="checkbox"/> Accident Investigation         | <input type="checkbox"/> First Aid Procedures                         | <input type="checkbox"/> Other (please specify) |  |
|   |   |   |  |

**PERSONAL PROTECTIVE EQUIPMENT**

- |                             |  |                        |  |
|-----------------------------|--|------------------------|--|
| Eye and Face Protection     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Head Protection        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Skin Protection             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hand Protection        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Respiratory Protection      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Foot Protection        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Arc Flash Resistant Apparel | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fall Protection        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal Flotation Devices  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hi Visibility Clothing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing Protection          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____           |  |

**WORKSITE SAFETY EQUIPMENT**

Indicate the equipment that will be provided to enable the job to be performed safely:

- |                         |  |                    |  |
|-------------------------|--|--------------------|--|
| Guardrails              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lockout Devices    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Access/Egress Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Signage            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Barricades              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Elevated Platforms | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: _____            |  |                    |  |

With respect to P.P.E. and worksite safety equipment, is there a regular maintenance and inspection program in place, including onsite inspection prior to use?  Yes  No

**OTHER EQUIPMENT**

- Do you conduct circle check inspections of large motorized equipment?  Yes  No
- Do you conduct monthly inspections of all motorized equipment?  Yes  No
- Do you conduct routine maintenance on all equipment?  Yes  No
- Are operational manuals available on the job site, or on the equipment, for all motorized equipment over 10 h.p.?  Yes  No
- Do you have all large motorized equipment, such as cranes or forklifts certified on an annual basis?  Yes  No

**SUBCONTRACTORS**

Do you use subcontractors?  Yes  No

If yes, complete the following:

Do you use health and safety criteria in selection of subcontractors?  Yes  No

Do you evaluate the ability of subcontractors to comply with applicable health and safety laws as part of your selection process?  Yes  No

Do you require your subcontractors to have a written health and safety program?  Yes  No

Do you include subcontractors in the following: Health and Safety Orientation?  Yes  No

Health and Safety Meetings?  Yes  No

Health and Safety Inspections?  Yes  No

**END OF SECTION**

## ACCESSIBLE CUSTOMER SERVICE STANDARD

### 1. Purpose and Application

- .1 The *Accessible Customer Service Regulation 429/07* establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario. *O. Reg. 429/07, s. 1 (1)*.
- .2 The *Accessibility Standards for Customer Service* apply to the designated public sector organizations on and after January 1, 2010 and to other providers of goods or services on and after January 1, 2012. *O. Reg. 429/07, s. 2*.

### 2. Compliance

- .1 Successful bidders are to declare that they have covered the following components:

|   |                              |                             |
|---|------------------------------|-----------------------------|
| A review of the <i>Accessibility for Ontarians with Disabilities Act, 2005</i> .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requirements of the <i>Accessible Customer Service Standard, Regulation 429/07</i> including <u>Schedule 1</u> and <u>Schedule 2</u> .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How to interact and communicate with persons with various types of disabilities.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person.              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods or services to a person with a disability. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A review of the <i>Corporation of the City of Sault Ste. Marie Accessible Customer Service Policies and Procedures</i> .  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you certify that you have read, understand and comply with the <i>Accessible Customer Service Standard, Regulation 429/07</i> ?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed the Accessible Customer Service training?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a written copy of your Accessible Customer Service training package used to train your staff and subcontractors? If yes, include a copy.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you certify that all employees sent to work at our units have completed the Accessible Customer Service training.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please indicate the number of employees that have completed the Accessible Customer Service Training.   | _____                        |                             |

Do you certify that any subcontractors that you may use have also completed the Accessible Customer Service training?

Yes  No

Please indicate the number of subcontractors that have completed the Accessible Customer Service Training.

\_\_\_\_\_

**END OF SECTION**

**GENERAL SAFETY AWARENESS**

Have your supervisors and workers attended a general safety awareness program presented by any of the following organizations?

| ORGANIZATION   | SUPERVISORS  |                | WORKERS  |                |
|--|--|----------------|--|----------------|
| Sault Safe Communities Partnership – Standard Safety Orientation                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |
| Sault Ste. Marie Construction Association - Construction Health and Safety Orientation Program | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |
| ESSAR Steel  | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |
| Ontario Lottery (OLG)  | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |
| GP Flakeboard  | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |
| PUC Inc.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |
| Great Lakes Power  | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |
| NORCAT   | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | How many:_____ |

### CONTRACTOR RESPONSIBILITIES

In order to be awarded a Service Contract with the *Sault Ste. Marie Housing Corporation*, the Contractor must agree to the following (check boxes to confirm):

- Acknowledges all work is to be done in compliance with the Occupational Health and Safety Act and its applicable regulations and assumes responsibility for the health and safety of the Contractor's workers and any subcontractors ensuring worker compliance.
- Will communicate hazards to anyone who may be affected and ensure that appropriate measures are taken to effectively control or eliminate the hazards.
- Will immediately report to the assigned Department Contract Administrator any unknown hazards that are found during the Contract.
- Understand that written documentation (e.g. Traffic Protection Plan, Safety Program, notes, records, inspections, meetings, etc.) on all health and safety issues must be available upon request to the *Sault Ste. Marie Housing Corporation* and/or *Ministry of Labour* Inspector.
- Will not retain anyone as a subcontractor to perform any part of its services without the prior written consent of the *Sault Ste. Marie Housing Corporation*.
- Will ensure that all workers are bondable, adequately trained and competent to perform the duties for which they have been assigned.
- Will ensure that all Contractor or any subcontractor workers have attended an approved safety orientation awareness course.
- Will provide a list to the Capital Works Coordinator of all Contractor and any subcontractor workers (if applicable) who will work at a City workplace and/or job site.
- Will provide Material Safety Data Sheets (MSDS) for all controlled products brought in to the workplace and first aid requirements for all Contractor and any subcontractor workers.
- Keeps in full force, during any time the Contractor is providing services to the *Sault Ste. Marie Housing Corporation*, property damage and public liability insurance of not less than **\$5,000,000** per occurrence at the Contractor's sole expense. A certificate showing the same must be provided to the *Sault Ste. Marie Housing Corporation*.
- Understands that any health and safety violation by the Contractor's or subcontractor workers may be considered a breach of Contract resulting in possible termination or suspension of the Contract and/or any other actions deemed appropriate at the discretion of the *Sault Ste. Marie Housing Corporation*.
- Understands that the *Sault Ste. Marie Housing Corporation* may inspect the job site and direct the Contractor regarding design, timelines or quality.
- Understands that the *Sault Ste. Marie Housing Corporation* may randomly inspect health and safety activities as part of its due diligence.
- Understands that any penalties, sanctions or additional costs levied against the Prime Contractor will be the responsibility of the Prime Contractor.
- Will provide detailed invoices showing a breakdown of labour and material costs.
- Assumes responsibility for removing and disposing of all debris resulting from their work.
- Will provide a warranty for all work performed for a period of ninety (90) days.
- Will submit evidence of compliance with the requirements of the Workplace Safety and Insurance

- Act and provide current WSIB Clearance Certificates every ninety (90) days.
- Understands the Owner reserves the right to create a standardized list of products/materials for use on *Sault Ste. Marie Housing Corporation* units and reserves the right to purchase and stock these products to be made available for installation by the Contractor.

**END OF SECTION**



**CONTRACTOR DECLARATION**

The undersigned hereby acknowledges and represents that the information set out in this quotation is accurate as of the date of signing. The undersigned agrees to notify the *Sault Ste. Marie Housing Corporation* of any changes that may affect this document. Failure to do so could result in the cancellation of the Contract.

**SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Registered Signing Authority for the Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The information collected will be used by the *Sault Ste. Marie Housing Corporation* solely for the purpose of evaluating submitted quotations as required to conduct business for the *Sault Ste. Marie Housing Corporation*. Questions should be directed to Liza Chikoski, Infrastructure and Asset Manager **(705) 759-5131**.

**END OF SECTION**