

QU 2024-004

**REQUEST FOR QUOTATION
JANITORIAL SERVICES
VARIOUS SITES
SAULT STE. MARIE, ONTARIO**



January 12, 2024

SUBJECT: REQUEST FOR QUOTATION
QU 2024-004
JANITORIAL SERVICES
VARIOUS SITES
SAULT STE. MARIE, ONTARIO

The *Sault Ste. Marie Housing Corporation* invites sealed tenders for **JANITORIAL SERVICES** at the locations listed in the enclosed documents.

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 **Tuesday, January 30, 2024 at 12:00 NN**

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 two (2) Contractors 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 **12:00 NN** on **Tuesday, January 30, 2024.**

The Contract shall be for a period of **five (5) years** beginning upon award and ending **March 31, 2029.**

The lowest or any tender will not necessarily be accepted.

Yours truly,

Jeff Barban, Director of Housing Services

TABLE OF CONTENTS

PAGE 1**SECTION****TOTAL PAGES**

Request for Quotation	1
Instructions to Bidders	1
Pre-Bid Information	7
Submission Form	2
<u>Appendix A - List of Addresses</u>	2
<u>Appendix B - Contractor Information</u>	4
<u>Appendix C - Safety Reporting and History</u>	4
<u>Appendix D - Accessible Customer Service Standard</u>	2
<u>Appendix E - General Safety Awareness</u>	1
<u>Appendix F - Contractor Responsibilities</u>	2
<u>Appendix G - Contractor Declaration</u>	1

INSTRUCTIONS TO BIDDERS

PAGE 1 of 1

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 Jashar Rosauo, Infrastructure and Asset manager - **(705)-989-2286**.

END OF SECTION

1. SCOPE OF WORK

- .1 Provide all labour, material, equipment and transportation necessary to provide **JANITORIAL SERVICES** for various sites in Sault Ste. Marie (Appendix "A"). This work will include cleaning of vacant apartments and interior/exterior public spaces, Building Custodian coverage when absent, emergency call-outs for floods, fires, etc., and any other janitorial services as required.
- .2 SSMHC will notify the contractor that work is required at a given location and the description of work to be done. The Corporation will issue a work order (W.O.) number and send a copy of the work order for action to the Contractor. SSMHC will determine if this work is either **NORMAL WORK** or **EMERGENCY WORK**. If it is determined to be **EMERGENCY WORK**, the Contractor will be notified immediately of the work required by telephone, fax or email.

2. Normal Work

- .1 This work shall be carried out during normal working hours only and shall be completed within 2 weeks of notification. If the work cannot be completed within this time period, the Contractor will advise SSMHC and SSMHC may approve an extended completion time. In no event shall work be performed at **OVERTIME RATES** without prior authorization of the Corporation.

3. Emergency Work

- .1 Emergency work will be determined by the SSMHC. This will be performed immediately and continuously until completion and will be started within **two (2)** hours of receipt of notification from SSMHC. The SSMHC will authorize the rate for after-hours, weekends and statutory holidays if required for part or all of such work at the time of notification.

4. Payment

- .1 At the completion of the work, the Contractor shall submit invoices to the SSMHC office within a reasonable timeframe. Failure to do so may result in the Contractor not being issued any new work until the invoices are caught up.
- .2 All 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. If requested by the Owner, the Contractor **must** provide a further breakdown of costs to justify the invoice before payment is processed.

PRE-BID INFORMATION

PAGE 2 of 7

- .3 Upon receipt, verification and approval of said invoice by the Corporation, a cheque authorizing payment will be issued against the invoices submitted. The Contractor will give *SSMHC* the right to consolidate work orders under a single cheque, 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*.

5. **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. Only qualified tradesmen and apprentices will be employed to produce a first class job.
- .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.

6. **Storage**

- .1 Materials shall be stored, covered and protected at all times. **SSMHC will not provide storage space for materials.** 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.

7. **Clean-up**

- .1 The Contractor shall be responsible for removing and disposing of all debris resulting from their work whether the unit is occupied or vacant. Contractors are not to assume that their debris will be cleaned up by a cleaning Contractor or *SSMHC* staff.

8. General Instruction and Conditions of Contract

- .1 The Contractor shall furnish all labour, materials, equipment, transportation and any other incidentals required to provide **JANITORIAL SERVICES** on an “as and when required” basis.
- .2 The work will include vacant unit cleaning, general janitorial services, emergency call-outs for power outages, floods, fires, etc. in various housing complexes and apartment buildings.
- .3 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 **five (5) years** beginning upon award and ending **March 31, 2029**.
- .4 Contracts will be awarded to Contractors who have 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 **three (3)** qualified Contractors for this rotational Contract.
- .5 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, if neither one of the three Contractors can attend to the problem in a reasonable time, the Owner reserves the right to issue work to any qualified Contractor.
- .6 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.
- .7 All work in vacant units **must** be completed to ensure new tenant occupancy on the first day of the following month.
- .8 **Warranty:** The final payment for any individual unit does not relieve the Contractor from the responsibility for faulty materials or workmanship which appear within a period of **ninety (90)** days from the date of final completion of the work. Any defects shall be remedied at the Contractor's expense.

PRE-BID INFORMATION

PAGE 4 of 7

- .9 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.**
- .10 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.
- .11 All work, materials and products, method and timing of installation, manufacture, formulation or construction 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.
- .12 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.
- .13 This contract may not assign any part of the conditions of the contract without the written consent of the SSMHC
- .14 The Contractor shall provide all necessary permits, licenses, etc. All work shall conform to all Federal, Provincial or Municipal laws and regulations.
- .15 The Contractor shall furnish all labour, materials, equipment, transportation, storage of tools, trucks and any other incidentals required

PRE-BID INFORMATION

PAGE 5 of 7

- .16 The existing sanitary services, where provided may be used by the Contractor and his personnel.
- .17 The Contractor shall be solely responsible for loss or damage of materials or equipment for any materials delivered from whatever source.
- .18 The SSMHC reserves the right to offer a position on the standing rotation based on the contractors qualifications (see **Appendix "B"**). This Appendix must be completed and submitted with the Submission Form by all Contractors.
- .19 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.
- .20 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.
- .21 The Owner reserves the right to create a list of standardized products/materials for use on SSMHC units. This list may be updated/changed throughout the duration of the 5 year Contract. The Owner also reserves the right to purchase and stock these standardized products to be made available for installation by the Contractor.

9. **Weekly Rotation**

- .1 The rotation will be for **seven (7)** days on a **24 hours/day** basis. A weekly rotation schedule will be set at the beginning of the Contract. The rotation will ensure that all Contractors on the rotation have an equal opportunity to receive calls for maintenance work. SSMHC reserves the right to issue work outside the set rotation schedule when it serves the best interest of the SSMHC.
- .2 The SSMHC makes every effort to accommodate Contractor's need in determining this rotation, however, once the rotation is established, it is assumed that the Contractors are familiar with the schedule and are available to take calls and perform the required janitorial services as per the rotation schedule. It is not the job of the SSMHC staff to remind Contractors prior to their scheduled rotation, nor will SSMHC staff find replacement Contractors when an emergency arises which precludes a Contractor from fulfilling their on-call obligations. In the event that such an emergency arise, it is a requirement of this contract that the Contractor find a replacement for that rotation position from the list of qualified contractors that form the rotation.

PRE-BID INFORMATION

PAGE 6 of 7

- .3 The *SSMHC* reserves the right to issue work outside the set rotation schedule when it serves the best interest of the *SSMHC*. The *SSMHC* makes no guarantees to the amount of work requested per year.

10. **Labour Rates**

- .1 Labour shall be calculated on the actual time spent on the project.

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. Contractors returning a signed submission form will be **considered** for a position on the maintenance rotation.
- .2 The *SSMHC* will select **three (3)** qualified contractors and the unsuccessful bidders will be put on a list and called as required in the future. The *SSMHC* reserves the right to offer a position on the standing rotation based on the contractors qualifications (see Appendix "B"). This Appendix must be completed and submitted with the submission form by all Contractors.
- .3 Contract shall commence immediately upon the contractor being notified in writing to do so by the Owner and shall be for a period of **five (5)** years. 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. Only qualified tradesmen and apprentices will be employed. 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.

PRE-BID INFORMATION

PAGE 7 of 7

- .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.) while on-call.
- .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 **seven (7)** days/week. The *SSMHC* makes no guarantees to the amount of work requested per year.

END OF SECTION

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

RE: QU 2024-004

REQUEST FOR QUOTATION – JANITORIAL SERVICES

**LOCATION: VARIOUS SITES
SAULT STE. MARIE, ONTARIO**

**TENDER CLOSING: TUESDAY, January 30, 2024
@ 12:00 NN LOCAL TIME**

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 **JANITORIAL SERVICES** at various sites (see Appendix "A") owned by the *Sault Ste. Marie Housing Corporation* at the following rates.
 - a) **Hourly Rate during regular working hours:** \$ _____
 - b) **Hourly Rate for after-hours calls:** \$ _____
- 2) 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.)
- 3) 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, 2029**.
- 4) This Contract will be for a period of **five (5)** years.

SUBMISSION FORM

PAGE 2 of 2

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.**

APPENDIX "A"

PAGE 1 of 1

<u>ADDRESS</u>	<u>LIST OF ADDRESSES</u>	<u>NUMBER OF UNITS</u>
<u>Adrian Drive: 66-92</u>		26
<u>588 Albert Street West</u>		42
<u>Chapple/Albion: 73-93 & 73A-93A Chapple/9-41 & 9A-43A Albion</u>		55
<u>615 Bay Street</u>		133
<u>Boston Avenue: 21-50</u>		30
<u>Hamilton Heights:</u>		100
179-211 Brien/96-121 Campbell/96-121 Crawford/44-104 Cunningham/ 43-104 Smale/96-121 Weldon		
<u>Brien/Poplar/McNabb: 219-243 Brien/227-253 Poplar/237-271 McNabb</u>		39
<u>Shannon/Capp: 547-565 Shannon/52-74 Capp</u>		24
<u>53 Chapple Avenue</u>		30
<u>55 Chapple Avenue</u>		68
<u>101 Chapple Avenue</u>		61
<u>St. Basil's/Durban: 29-41 St. Basil's Drive/11-15 Durban Road</u>		10
<u>Sydenham Road: 415-435</u>		6
<u>Second Line West: 676 #1-12/696 #1-8/702 #1-12/710 #1-10/714 #1-12</u>		54
<u>345 St. George's Avenue</u>		61
<u>Murphy Street: 15, 22, 68, 77, 84 & 133</u>		6
<u>Willowdale: 52, 89, 104</u>		3
<u>112 River Road</u>		1
<u>123 & 131 Willoughby Street</u>		8
<u>137 East Street</u>		13

APPENDIX "A1"

PAGE 2 of 1

General Duties for Custodial Coverage

(Based on one (1) entire weeks coverage)

<u>ADDRESS</u>	<u>NUMBER OF UNITS</u>
<u>235 Wellington</u>	9
<u>159 Gibbs St.</u>	8
<u>46 Wellington Street East</u>	4
<u>393 Dovercourt</u>	25
<u>540 Albert</u>	1
<u>721 Wellington East</u>	1
<u>136 Pilgrim</u>	1
<u>90 Chapple Avenue</u>	1
<u>668 / 672 Second Line West</u>	1
<u>49 St. Marys</u>	102
<u>39 Chapple</u>	12
<u>548 Albert</u>	1

Note:

Contractor is to provide all equipment and janitorial supplies required to carry out work.

APPENDIX "B"PAGE 3 of 4

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: _____

APPENDIX "B"

PAGE 2 of 4

CommunicationsOffice 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 ResourcesSpecialized Equipment Available:

<u>Type</u>	<u>Description</u>

APPENDIX "B"

PAGE 4 of 4

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 **JANITORIAL SERVICES** for the *Sault Ste. Marie Housing Corporation*.

APPENDIX "C"

PAGE 1 of 4

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: _____

APPENDIX "C"

PAGE 2 of 4

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:

APPENDIX "C"

PAGE 3 of 4

<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 ☐ Yes ☐ No
 Skin Protection ☐ Yes ☐ No
 Respiratory Protection ☐ Yes ☐ No
 Arc Flash Resistant Apparel ☐ Yes ☐ No
 Personal Flotation Devices ☐ Yes ☐ No
 Hearing Protection ☐ Yes ☐ No

Head Protection ☐ Yes ☐ No
 Hand Protection ☐ Yes ☐ No
 Foot Protection ☐ Yes ☐ No
 Fall Protection ☐ Yes ☐ No
 Hi Visibility Clothing ☐ Yes ☐ No
 Other: _____

WORKSITE SAFETY EQUIPMENT

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

Guardrails ☐ Yes ☐ No
 Access/Egress Equipment ☐ Yes ☐ No
 Barricades ☐ Yes ☐ No
 Other: _____

Lockout Devices ☐ Yes ☐ No
 Signage ☐ Yes ☐ No
 Elevated Platforms ☐ Yes ☐ No

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

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 *Accessibility for Ontarians with Disabilities Act, 2005*.

☐ Yes ☐ No

Requirements of the *Accessible Customer Service Standard, Regulation 429/07* including Schedule 1 and Schedule 2.

☐ Yes ☐ No

How to interact and communicate with persons with various types of disabilities.

☐ Yes ☐ 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.

☐ Yes ☐ 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.

☐ Yes ☐ No

What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.

☐ Yes ☐ No

A review of the *Corporation of the City of Sault Ste. Marie Accessible Customer Service Policies and Procedures*.

☐ Yes ☐ No

Do you certify that you have read, understand and comply with the *Accessible Customer Service Standard, Regulation 429/07*?

☐ Yes ☐ No

Have you completed the Accessible Customer Service training?

☐ Yes ☐ 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.

☐ Yes ☐ No

Do you certify that all employees sent to work at our units have completed the Accessible Customer Service training.

☐ Yes ☐ No

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

APPENDIX "D"**PAGE 2 of 2**

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.

APPENDIX "E"

PAGE 1 of 1

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 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

APPENDIX "F"**PAGE 2 of 2**

- ☐ 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.

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 Jashar Rosauo, Infrastructure and Asset Manager **(705) 989-2286**.