

Application for Contractor Safety Pre-Qualification

Review the **GTAA Contractor Safety Pre-Qualification Guidelines** for the detailed application requirements and the list of mandatory submittals. The Guidelines can be accessed from: <https://www.torontopearson.com/en/operators-at-pearson/construction/before-you-start> - under “Constructor on-boarding”.

Send all questions, completed applications and submittal documents to: constructioncompliance@gtaa.com

SECTION A: INITIATION

Indicate whether the application is new or a renewal, and the contract type(s) to be undertaken. The GTAA Initiator must be the GTAA Project Manager, Functional Manager, Contract Administrator or Strategic Sourcing representative overseeing the contract.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> RENEWAL with certified OHSMS System (i.e. COR® 2020 or ISO 45001:2018)	
<input type="checkbox"/> Construction Contracts	<input type="checkbox"/> Maintenance Contracts	<input type="checkbox"/> Construction and Maintenance Contracts	<input type="checkbox"/> Other Contracts
GTAA Initiator Name:		GTAA Initiator E-mail:	

SECTION B: COMPANY IDENTIFICATION

Provide contact information for the overall organization as well as provide an overview of its legal structure.

Business Name:		Number of Years in Business:	
Subsidiary/Division of:		Telephone:	
Address:			
City:	Province:	Postal Code:	
Key Contact Name:			
Key Contact E-mail:			
Company is a:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture
Company work activity regulated under:	<input type="checkbox"/> Federal Legislation (Canada Labour Code)	<input type="checkbox"/> Provincial Legislation (Ontario Occupational Health & Safety Act)	

SECTION C: WSIB AND INCIDENT PERFORMANCE INFORMATION

Applicants must be registered with the WSIB and provide their account information along with their injury history as indicated below. Construction Managers / General Contractors must attach a sample “Project Incidence Report”.

WSIB Account No.:	WSIB NAICS Code, Class and Subclass:
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SECTION C: WSIB AND INCIDENT PERFORMANCE INFORMATION			
WSIB SUPPORT DOCUMENTS (ATTACH COPIES)	YES	NO	N/A
WSIB Clearance Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Injury Summary Report (WISR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium Rate Summary Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INCIDENT PERFORMANCE (ATTACH COPIES)	YES	NO	N/A
Project Incidence Report including Overall Project Incidence Rate (Constructors must provide data for last 3 projects)	<input type="checkbox"/>	-	<input type="checkbox"/>
Convictions / Penalties issued by Governing Authority in the past 3 years (i.e., MLITSD, TSSA, Labour Canada, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	-
Previous Occurrences / Incidents at the GTAA in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: OHSMS ACCREDITATION			
<p>The GTAA has mandated that contractors taking on the role of Constructor for GTAA projects with a value greater than \$5M to have a certified occupational health and safety management system (OHSMS) i.e., Certificate of Recognition (COR®) 2020, ISO 45001:2018. See website for details: https://www.torontopearson.com/en/operators-at-pearson/construction/before-you-start</p>			
CERTIFICATE OF RECOGNITION (COR®) 2020	YES	NO	N/A
Is the organization actively registered in IHSA COR® 2020?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IHSA COR® 2020 Enrolment Date:			
Is the applicant IHSA COR® 2020 certified in Ontario?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COR® 2020 Certificate No. (attach copy of certificate):			
Date of COR® 2020 Certification Expiration:			
Has a COR® 2020 Internal audit been completed? (attach copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a COR® 2020 External audit been completed? (attach copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISO 45001:2018	YES	NO	N/A
Is the organization actively registered in ISO 45001:2018?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ISO 45001:2018 Enrolment Date:			
ISO 45001:2018 Certificate No. (attach copy of certificate):			
Date of ISO 45001:2018 Certification Expiration:			
Has an Annual Audit been completed? (attach copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: OHSMS ACCREDITATION

OTHER ACCREDITATION	YES	NO	N/A
OHSAS 18001 certified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CSA Z45001 compliant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify:			

SECTION E: PERSONNEL (must include Manager, Supervisor and Safety Coordinator)

Applicant shall provide the details of any personnel dedicated to GTAA Work. The submission **must include details on the Manager, Supervisor, and Health and Safety Coordinator**. Résumés for each person must be provided along with training documentation to ensure proficiency for the position held.

HEAD-OFFICE PERSONNEL DEDICATED TO GTAA WORK (attach additional personnel, if required)

Name:	Title:
Years with Company:	Years of related experience:
Accreditations and Safety Training/ Qualifications:	
Related experience/ Project Value:	
Name:	Title:
Years with Company:	Years of related experience:
Accreditations and Safety Training/ Qualifications:	
Related experience/ Project Value:	
Name:	Title:
Years with Company:	Years of related experience:
Accreditations and Safety Training/ Qualifications:	
Related experience/ Project Value:	

SECTION E: PERSONNEL (must include Manager, Supervisor and Safety Coordinator)	
SITE PERSONNEL DEDICATED TO GTAA WORK (attach résumés) (attach additional personnel, if required)	
Name:	Title:
Years with Company:	Years of related experience:
Accreditations and Safety Training/ Qualifications:	
Related experience/ Project Value:	
Name:	Title:
Years with Company:	Years of related experience:
Accreditations and Safety Training/ Qualifications:	
Related experience/ Project Value:	
Name:	Title:
Years with Company:	Years of related experience:
Accreditations and Safety Training/ Qualifications:	
Related experience/ Project Value:	

SECTION F: TYPE OF WORK PERFORMED			
Multi-discipline applicants must identify all applicable industry types for current and future work. Only work identified under this section may be undertaken for the GTAA (check all that may apply):			
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Construction Manager	<input type="checkbox"/> Facility Maintenance & Operations (FMO)	<input type="checkbox"/> Design Build
<input type="checkbox"/> Animal / Pest Control	<input type="checkbox"/> Drywall	<input type="checkbox"/> HVAC	<input type="checkbox"/> Roofing
<input type="checkbox"/> Asphalt / Paving	<input type="checkbox"/> Electrical	<input type="checkbox"/> IT - Systems	<input type="checkbox"/> Security Escorting
<input type="checkbox"/> Automation / Controls	<input type="checkbox"/> Engineering / Inspection	<input type="checkbox"/> Landscaping / Tree Removal	<input type="checkbox"/> Security Systems / Cameras
<input type="checkbox"/> Baggage Handling	<input type="checkbox"/> Environmental / Abatement	<input type="checkbox"/> Life Safety Systems	<input type="checkbox"/> Signage / Graphics
<input type="checkbox"/> Carpentry / Millwork	<input type="checkbox"/> Equipment Supply	<input type="checkbox"/> Loading Docks	<input type="checkbox"/> Snow Removal
<input type="checkbox"/> Civil - Concrete	<input type="checkbox"/> Excavating	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Structural Steel
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Fencing	<input type="checkbox"/> On Site Delivery	<input type="checkbox"/> Traffic Control

SECTION F: TYPE OF WORK PERFORMED

<input type="checkbox"/> Confined Space	<input type="checkbox"/> Flooring	<input type="checkbox"/> Painting / Caulking	<input type="checkbox"/> Transportation / Logistics
<input type="checkbox"/> Conveyors	<input type="checkbox"/> Fuels / Refueling	<input type="checkbox"/> People Moving Devices	<input type="checkbox"/> Waste Removal
<input type="checkbox"/> Demolition	<input type="checkbox"/> Glazing	<input type="checkbox"/> Relamping	<input type="checkbox"/> Windows / Doors
<input type="checkbox"/> Other:			

SECTION G: ADDITIONAL PROGRAM CONSIDERATIONS

In addition to the mandatory components of your safety program, identify the activities your organization can perform, manage and/or anticipates undertaking at the GTAA. **Documentation (i.e., policies, procedures, etc.) outlining how each identified activity is safely controlled** shall be submitted with the safety pre-qualification application.

ACTIVITY	YES	N/A
Protection of the General Public (mandatory)	<input type="checkbox"/>	-
Work within Security Controlled / Restricted Areas	<input type="checkbox"/>	<input type="checkbox"/>
Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>
Use of Ladders	<input type="checkbox"/>	<input type="checkbox"/>
Use of Scaffolds and/or Temporary Work Platforms	<input type="checkbox"/>	<input type="checkbox"/>
Energy Source Alteration, De-energization or Lockout	<input type="checkbox"/>	<input type="checkbox"/>
Work in Confined Space	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>
Use of Cranes or other Hoisting and Rigging	<input type="checkbox"/>	<input type="checkbox"/>
Work with Machinery, Conveyors or Baggage Handling Systems	<input type="checkbox"/>	<input type="checkbox"/>
Use of Power Tools	<input type="checkbox"/>	<input type="checkbox"/>
Excavation or Trenching Work	<input type="checkbox"/>	<input type="checkbox"/>
Surface Penetration Work	<input type="checkbox"/>	<input type="checkbox"/>
Demolition Work	<input type="checkbox"/>	<input type="checkbox"/>
Use of Traffic Control Equipment or Personnel	<input type="checkbox"/>	<input type="checkbox"/>
Use of Mobile Equipment and/or Access Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Use of GTAA-owned Equipment	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H: SUBMISSION CHECKLISTS

Applicants shall complete the applicable checklist in full by verifying their submission particulars against the listed items.

CHECKLIST 1 – New Applications and/or Renewal Applications of Contractors without OHSMS Accreditation (COR® 2020 or ISO 45001:2018 Certification)

CHECKLIST 2 – Renewal Applications of Contractors with OHSMS Accreditation (COR® 2020 or ISO 45001:2018 Certification)

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT OHSMS ACCREDITATION

SUBMISSION ITEM	Provided	N/A	PROGRAM SECTION / PAGE #
Guideline Section 3.1 – Completion of Application			
Section A - Initiation - Contract Type(s) and GTAA Initiator	<input type="checkbox"/>	-	
Section B - Company Identification	<input type="checkbox"/>	-	
Section C - WSIB & Incident Performance Information	<input type="checkbox"/>	-	
Section D – OHSMS Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	
Section E - Personnel Identified	<input type="checkbox"/>	-	
Section F - Type of Work Performed Identified	<input type="checkbox"/>	-	
Section G - Additional Program Considerations Identified	<input type="checkbox"/>	-	
Section I - Declaration Signed and Dated	<input type="checkbox"/>	-	
Guideline Section 3.2 – Submittals			
A) Occupational Health & Safety Program Manual (see Guideline Section 5)	<input type="checkbox"/>	<input type="checkbox"/>	
B) OHSMS Accreditation			
Certificate of Recognition (COR®) 2020			
IHSA COR® 2020 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
COR® 2020 Letter of Good Standing	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 45001:2018			
ISO 45001:2018 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Other Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	
C) Workplace Injury Summary Report (WISR)	<input type="checkbox"/>	-	
D) WSIB Clearance Certificate	<input type="checkbox"/>	-	
E) WSIB Premium Rate Summary Statement	<input type="checkbox"/>	-	
F) Summary of MLITSD/TSSA/Labour Canada Penalties or Convictions	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION H: SUBMISSION CHECKLISTS

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT OHSMS ACCREDITATION

SUBMISSION ITEM	Provided	N/A	PROGRAM SECTION / PAGE #
Guideline Section 3.2 – Submittals			
G] Summary of Previous 3 Projects H&S Statistics (Constructors)	<input type="checkbox"/>	<input type="checkbox"/>	
H] Copy of Safety Audit			
COR® 2020 Internal Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
COR® 2020 External Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 45001:2018 Annual Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
I] Written Summary of H&S Issues/ Incidents at GTAA	<input type="checkbox"/>	<input type="checkbox"/>	
J] Personnel Dedicated to GTAA Work			
Résumé of Manager	<input type="checkbox"/>	<input type="checkbox"/>	
Records of Training for Manager	<input type="checkbox"/>	<input type="checkbox"/>	
Résumé of Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Records of Training for Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Résumé of Safety Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	
Records of Training for Safety Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	
Guideline Section 5 – OH&S Program Elements			
A] H&S Policy Statement – signed and dated within the previous year by company officer	<input type="checkbox"/>	-	
B] Hazard Assessment, Analysis and Control			
Hazard Assessment Process	<input type="checkbox"/>	-	
Risk Assessment Process	<input type="checkbox"/>	-	
Sample Project / Work Specific Safety Plan	<input type="checkbox"/>	-	
C] Controls (Safe Work Procedures and Practices)			
Protection of General Public (mandatory)	<input type="checkbox"/>	-	
Work within Security Controlled / Restricted Areas	<input type="checkbox"/>	<input type="checkbox"/>	
Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Ladders	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION H: SUBMISSION CHECKLISTS

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT OHSMS ACCREDITATION

SUBMISSION ITEM	Provided	N/A	PROGRAM SECTION / PAGE #
Guideline Section 5 – OH&S Program Elements			
C] Controls (Safe Work Procedures and Practices)			
Use of Scaffolds and/or Temporary Work Platforms	<input type="checkbox"/>	<input type="checkbox"/>	
Energy Source Alteration, De-energization or Lockout	<input type="checkbox"/>	<input type="checkbox"/>	
Work in Confined Space	<input type="checkbox"/>	<input type="checkbox"/>	
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Cranes or other Hoisting and Rigging	<input type="checkbox"/>	<input type="checkbox"/>	
Work with Machinery, Conveyors or Baggage Handling Systems	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	
Excavation or Trenching Work	<input type="checkbox"/>	<input type="checkbox"/>	
Surface Penetration Work	<input type="checkbox"/>	<input type="checkbox"/>	
Demolition Work	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Traffic Control equipment or Personnel	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Mobile Equipment and/or Access Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Use of GTAA-owned Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
D] Procurement and Contractor Management			
Contractor Management Policy and Program	<input type="checkbox"/>	-	
E] Company Rules	<input type="checkbox"/>	-	
Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>	
Drug and Alcohol Policy	<input type="checkbox"/>	-	
Progressive Discipline Process	<input type="checkbox"/>	-	
F] Personal Protective Equipment Policy and Program	<input type="checkbox"/>	-	
G] Preventative Maintenance Policy and Program	<input type="checkbox"/>	-	
H] Training and Communication			
Training Process (including Orientation)	<input type="checkbox"/>	-	
Communication Process (safety meetings or toolbox talks)	<input type="checkbox"/>	-	

SECTION H: SUBMISSION CHECKLISTS

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT OHSMS ACCREDITATION

SUBMISSION ITEM	Provided	N/A	PROGRAM SECTION / PAGE #
Guideline Section 5 –OH&S Program Elements			
I] Workplace Inspection Policy and Program	<input type="checkbox"/>	-	
J] Investigations and Reporting Process	<input type="checkbox"/>	-	
K] Emergency Preparedness and First Aid Program	<input type="checkbox"/>	-	
L] Statistics and Records Process	<input type="checkbox"/>	-	
M] Legislation and Other Requirements			
Roles and Responsibilities Policy	<input type="checkbox"/>	-	
Process for Posting H&S Documentation and Information	<input type="checkbox"/>	-	
N] Management Review and Management of Change Standard	<input type="checkbox"/>	-	
O] Health and Hygiene			
WHMIS Process	<input type="checkbox"/>	-	
Process for controlling applicable biological, chemical or physical hazards	<input type="checkbox"/>	-	
Pandemic protocols	<input type="checkbox"/>	-	
P] H&S Representative / Joint H&S Committee (JHSC) Process	<input type="checkbox"/>	-	
Q] Workplace Violence			
Workplace Violence and Harassment Policy	<input type="checkbox"/>	-	
Workplace Violence and Harassment Program	<input type="checkbox"/>	-	
R] Return to Work			
Return to Work Policy	<input type="checkbox"/>	-	
Return to Work Program	<input type="checkbox"/>	-	

SECTION H: SUBMISSION CHECKLISTS

CHECKLIST 2 – RENEWAL APPLICATION FOR COR® 2020 or ISO 45001:2018 CERTIFIED CONTRACTOR

SUBMISSION ITEM	Provided	N/A	PROGRAM SECTION / PAGE #
Guideline Section 3.1 – Completion of Application			
Section A - Initiation - Contract Type(s) and GTAA Initiator	<input type="checkbox"/>	-	
Section B - Company Identification	<input type="checkbox"/>	-	
Section C - WSIB & Incident Performance Information	<input type="checkbox"/>	-	
Section D – OHSMS Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	
Section E - Personnel Identified	<input type="checkbox"/>	-	
Section F - Type of Work Performed Identified	<input type="checkbox"/>	-	
Section G - Additional Program Considerations Identified	<input type="checkbox"/>	-	
Section I - Declaration Signed and Dated	<input type="checkbox"/>	-	
Guideline Section 3.2 – Submittals			
A] Occupational Health & Safety Program Manual	<input type="checkbox"/>	-	
Sample Project / Work Specific Safety Plan	<input type="checkbox"/>	-	
B] OHSMS Accreditation			
Certificate of Recognition (COR®) 2020			
IHSA COR® 2020 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
COR® 2020 Letter of Good Standing	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 45001:2018			
ISO 45001:2018 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Other Accreditation	<input type="checkbox"/>	<input type="checkbox"/>	
C] Workplace Injury Summary Report (WISR)	<input type="checkbox"/>	-	
D] WSIB Clearance Certificate	<input type="checkbox"/>	-	
E] WSIB Premium Rate Summary Statement	<input type="checkbox"/>	-	
F] Written Summary for MLITSD/TSSA/Labour Canada Penalties or Convictions	<input type="checkbox"/>	<input type="checkbox"/>	
G] Summary of Previous 3 Projects H&S Statistics (Constructors)	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION H: SUBMISSION CHECKLISTS

CHECKLIST 2 – RENEWAL APPLICATION FOR COR® 2020 or ISO 45001:2018 CERTIFIED CONTRACTOR

SUBMISSION ITEM	Provided	N/A	PROGRAM SECTION / PAGE #
Guideline Section 3.2 – Submittals			
H] Copy of Safety Audit			
COR® 2020 Internal Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
COR® 2020 External Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 45001:2018 Annual Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
Other Safety Audit Report	<input type="checkbox"/>	<input type="checkbox"/>	
I] Written Summary of H&S Issues/ Incidents at GTAA	<input type="checkbox"/>	<input type="checkbox"/>	
J] Personnel Dedicated to GTAA Work			
Résumé of Manager	<input type="checkbox"/>	<input type="checkbox"/>	
Records of Training for Manager	<input type="checkbox"/>	<input type="checkbox"/>	
Résumé of Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Records of Training for Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Résumé of Safety Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	
Records of Training for Safety Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION I: DECLARATION

Pursuant to their request for safety pre-qualification, the applicant has the authority to bind the organization named in this application to the following conditions:

- the applicant shall perform the Work in compliance with all applicable regulatory requirements and applicable GTAA policies (including the safety management system policy), rules, regulations, bulletins, directives, codes (including the Airport Construction Code, as applicable), standards, guidelines, permits and orders of authorities having jurisdiction (including those enacted after the date of the Contract) relating in any way to the Work, including those governing the preservation of public health and safety and such other requirements as may be set forth elsewhere in the Contract.
- the organization shall undertake all health and safety matters in accordance with Company occupational health and safety program and Company Project or work-specific safety plan addressing the risks and hazards associated with working in an airport environment, and
- the organization and each of its assigned staff shall promote and demonstrate a positive safety attitude at the workplace.

I, the undersigned, in application for safety pre-qualification with the GTAA, do hereby certify that all information contained in this application is accurate to the best of my knowledge.

Name:	Position (Signing Authority):
Signature:	Date: