



Application for Contractor Safety Pre-Qualification

Note: Contractors must have a valid contract with the GTAA and a recommendation to proceed with this application from their GTAA Initiator to be eligible to proceed with this application and submission. The GTAA Initiator is the GTAA Project Manager, Functional Manager, Contract Administrator or Strategic Sourcing representative overseeing the contract.

For help in completing this application refer to the **GTAA Contractor Safety Pre-Qualification Guidelines** for the detailed mandatory documentation submission requirements with the application. The Guidelines can be accessed using this link: <https://www.torontopearson.com/en/operators-at-pearson/construction/before-you-start> - look under “Constructor on-boarding”.

Questions and completed applications must be submitted to: constructioncompliance@gtaa.com

| SECTION A: INITIATION | | | |
|--|---|--|---|
| Indicate whether the application is new or a renewal, and the contract type(s) to be undertaken. | | | |
| <input type="checkbox"/> NEW APPLICATION | <input type="checkbox"/> RENEWAL | <input type="checkbox"/> RENEWAL for COR™ Certified Contractor | |
| <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: | | 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 Safety Report” | | | |
| WSIB Account No.: | WSIB NAICS Code: Class and Subclass: | | |
| 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"/> |



SECTION C: WSIB AND INCIDENT PERFORMANCE INFORMATION (Continued)

| INCIDENT PERFORMANCE (ATTACH COPIES) | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Overall Project Incidence Rate (Constructor 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., MLTSD, TSSA, Labour Canada, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | - |
| Previous Occurrences / Incidents at GTAA in the past 3 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION D: CERTIFICATE OF RECOGNITION (COR™) or OTHER 3rd PARTY VALIDATION

The GTAA has mandated that Constructors (construction managers or general contractors) performing construction work for the GTAA have achieved or are in the pursuit of COR™ certification. See website for details:
<https://www.torontopearson.com/en/operators-at-pearson/construction/before-you-start>

| CONSTRUCTION ONLY | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Is the organization actively registered in IHSA COR™? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IHSA COR™ Enrolment Date: | | | |
| Is the applicant IHSA COR™ certified in Ontario? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COR™ Certificate No. (attach copy of certificate) | | | |
| COR™ Certification Expiration Date: | | | |
| Has a COR™ Internal audit been completed? (attach copy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a COR™ External audit been completed? (attach copy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER | YES | NO | N/A |
| OHSAS 18001 / ISO 45001 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: | |



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

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: | |

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"/> Engineering / Inspection |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> HVAC | <input type="checkbox"/> Carpentry / Millwork |
| <input type="checkbox"/> IT – Systems | <input type="checkbox"/> Security Escorting | <input type="checkbox"/> Life Safety Systems | <input type="checkbox"/> Automation / Controls |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Painting/ Caulking | <input type="checkbox"/> Demolition | <input type="checkbox"/> Landscaping / Tree Removal |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Flooring | <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Signage / Graphics |
| <input type="checkbox"/> Civil - Concrete | <input type="checkbox"/> Asphalt/ Paving | <input type="checkbox"/> Waste Removal | <input type="checkbox"/> Security Systems / Cameras |
| <input type="checkbox"/> Windows/ Doors | <input type="checkbox"/> Excavating | <input type="checkbox"/> Loading Docks | <input type="checkbox"/> Environmental/ Abatement |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Glazing | <input type="checkbox"/> People Moving Devices |
| <input type="checkbox"/> Relamping | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Baggage Handling | <input type="checkbox"/> Animal / Pest Control |
| <input type="checkbox"/> Fuels / Refueling | <input type="checkbox"/> Conveyors | <input type="checkbox"/> On Site Delivery | <input type="checkbox"/> Transportation / Logistics |

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 for 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| Work within Secure / 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"/> |



SECTION G: ADDITIONAL PROGRAM CONSIDERATIONS (Continued)

| ACTIVITY | YES | N/A |
|---|--------------------------|--------------------------|
| Excavation or Trenching Work | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground Disturbance or 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

Checklist 1 is for **New Applications** and/or **Renewal Applications of Contractors without COR™ Certification**.
Checklist 2 is for **Renewal Applications of Contractors with COR™ Certification**. Applicants shall complete the applicable checklist in full by verifying their submission particulars against the listed items below.

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT COR™ CERTIFICATION

| 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 - COR™ or 3 rd -Party Validation | <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) Certificate of Recognition | | | |
| IHSA COR™ Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| COR™ Letter of Good Standing or alternative accreditation | <input type="checkbox"/> | <input type="checkbox"/> | |
| C) Workplace Injury Summary Report (WISR) | <input type="checkbox"/> | - | |



SECTION H: SUBMISSION CHECKLISTS (Continued)

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT COR™ CERTIFICATION

| SUBMISSION ITEM | Provided | N/A | PROGRAM SECTION / PAGE # |
|--|--------------------------|--------------------------|--------------------------|
| Guideline Section 3.2 – Submittals | | | |
| D] WSIB Clearance Certificate | <input type="checkbox"/> | - | |
| E] WSIB Premium Rate Summary Statement | <input type="checkbox"/> | - | |
| F] Summary of MLTSD/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"/> | |
| H] Copy of Safety Audit | | | |
| Internal Safety Audit Document | <input type="checkbox"/> | <input type="checkbox"/> | |
| External Safety Audit Document | <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"/> | - | |



SECTION H: SUBMISSION CHECKLISTS (Continued)

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT COR™ CERTIFICATION

| SUBMISSION ITEM | Provided | N/A | PROGRAM SECTION / PAGE # |
|--|--------------------------|--------------------------|--------------------------|
| Guideline Section 5 –OH&S Program Elements | | | |
| C] Controls (Safe Work Procedures and Practices) | | | |
| Protection of General Public | <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 of Trenching Work | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ground Disturbance or 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 | | | |
| Employee Handbook | <input type="checkbox"/> | <input type="checkbox"/> | |
| Drug and Alcohol Policy | <input type="checkbox"/> | - | |
| Progressive Discipline Process | <input type="checkbox"/> | - | |



SECTION H: SUBMISSION CHECKLISTS (Continued)

CHECKLIST 1 – NEW APPLICATIONS AND RENEWAL APPLICATIONS WITHOUT COR™ CERTIFICATION

| SUBMISSION ITEM | Provided | N/A | PROGRAM SECTION / PAGE # |
|--|--------------------------|-----|--------------------------|
| Guideline Section 5 –OH&S Program Elements | | | |
| 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"/> | - | |
| 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™ 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 - COR™ or 3rd-Party Validation | <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] Certificate of Recognition (COR | | | |
| COR™ Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| COR™ Letter of Good Standing or alternative accreditation | <input type="checkbox"/> | <input type="checkbox"/> | |
| C] Workplace Injury Summary Report (WISR) | <input type="checkbox"/> | - | |
| D] WSIB Clearance Certificate | <input type="checkbox"/> | - | |
| E] Firm Classification and Premium Rate Information | | | |
| WSIB Premium Rate Summary Statement | <input type="checkbox"/> | - | |
| F] Written Summary for MLTSD/TSSA/Labour Canada Penalties or Convictions | <input type="checkbox"/> | <input type="checkbox"/> | |
| G] Written Summary of Previous 3 Projects H&S Statistics | <input type="checkbox"/> | <input type="checkbox"/> | |
| H] Copy of Safety Audit | | | |
| Internal Safety Audit Document | <input type="checkbox"/> | <input type="checkbox"/> | |
| External Safety Audit Document | <input type="checkbox"/> | <input type="checkbox"/> | |
| I] Written Summary of H&S Issues/ Incidents at GTAA | <input type="checkbox"/> | <input type="checkbox"/> | |



SECTION H: SUBMISSION CHECKLISTS (Continued)

CHECKLIST 2 –RENEWAL APPLICATION FOR COR™ CERTIFIED CONTRACTOR

| SUBMISSION ITEM | Provided | N/A | PROGRAM SECTION / PAGE # |
|--|--------------------------|--------------------------|--------------------------|
| Guideline Section 3.2 – Submittals | | | |
| 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: |