



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”.

Submit all questions and completed applications to: constructioncompliance@gtaa.com

SECTION A: INITIATION

Indicate whether the application is new or a renewal, the contract type(s) to be undertaken and list the GTAA Representative inviting the applicant to pursue Safety Pre-Qualification.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL		
<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 regulated as:	<input type="checkbox"/> Federal	<input type="checkbox"/> Provincial		

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"/>
Experience Rating (CAD-7, NEER, MAPP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION C: WSIB AND INCIDENT PERFORMANCE INFORMATION

INCIDENT PERFORMANCE (ATTACH COPIES)	YES	NO	N/A
Convictions / Penalties issued by the MOL or TSSA	<input type="checkbox"/>	<input type="checkbox"/>	-
Previous Occurrences/Incidents at the GTAA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Project Incidence Rate (last three projects)	<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 COR™?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COR™ Enrolment Date:			
Is the applicant COR™ certified in Ontario?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COR™ Certificate No. (attach copy)			
Date of COR™ Certification:			
Does the applicant have Out-of-Province COR™ equivalency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	



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

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

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

Related experience/ Project Value:

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

Related experience/ Project Value:

SITE PERSONNEL DEDICATED TO GTAA WORK (attach résumés) (attach additional personnel, if required)

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

Related experience/ Project Value:

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

Related experience/ Project Value:

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

Related experience/ Project Value:



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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
<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	N/A	YES
Subcontractor Management Program / Use of Subcontractors (Attach List)	<input type="checkbox"/>	<input type="checkbox"/>
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"/>



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SECTION G: ADDITIONAL PROGRAM CONSIDERATIONS

ACTIVITY	N/A	YES
Use of Power Tools	<input type="checkbox"/>	<input type="checkbox"/>
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 to be completed for **New Applications** and/or **Renewal Applications for Contractors without COR™ Certification**. Checklist 2 is to be completed for **Renewal Applications for COR™ Certified Contractors**. Applicants shall complete the applicable checklist in full by matching their submission particulars to 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	<input type="checkbox"/>	<input type="checkbox"/>	
B] Certificate of Recognition			
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"/>	-	



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SECTION H: SUBMISSION CHECKLISTS

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] Firm Classification and Premium Rate Information			
WSIB Premium Rate Summary Statement	<input type="checkbox"/>	-	
WSIB CAD-7	<input type="checkbox"/>	<input type="checkbox"/>	
WSIB NEER	<input type="checkbox"/>	<input type="checkbox"/>	
WSIB MAPP	<input type="checkbox"/>	<input type="checkbox"/>	
F] Written Summary for MOL/ TSSA 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"/>	
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 by company officer	<input type="checkbox"/>	-	
B] Hazard Assessment, Analysis and Control			
Hazard Assessment Process	<input type="checkbox"/>	-	
Risk Assessment Process	<input type="checkbox"/>	-	
C] Safe Work Practices			



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SECTION H: SUBMISSION CHECKLISTS

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			
Subcontractor Management Program	<input type="checkbox"/>	<input type="checkbox"/>	
Protection of General Public	<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] Sample Project / Work Specific Safety Plan	<input type="checkbox"/>	<input type="checkbox"/>	
E] Company Rules			
Company Rules Policy	<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	<input type="checkbox"/>	-	
G] Preventative Maintenance Policy	<input type="checkbox"/>	-	



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SECTION H: SUBMISSION CHECKLISTS

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			
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/Process	<input type="checkbox"/>	-	
J] Investigations and Reporting Process	<input type="checkbox"/>	-	
K] Emergency Preparedness Program	<input type="checkbox"/>	-	
L] Statistics and Records Process	<input type="checkbox"/>	-	
M] Legislation			
Roles and Responsibilities Policy	<input type="checkbox"/>	-	
Process for Posting H&S Documentation and Information	<input type="checkbox"/>	-	
N] Health and Hygiene			
WHMIS Process	<input type="checkbox"/>	-	
Process for controlling applicable biological, chemical or physical hazards	<input type="checkbox"/>	-	
Pandemic protocols (COVID 19)	<input type="checkbox"/>	-	
O] First Aid Process	<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"/>	-	
S] Management Review Standard	<input type="checkbox"/>	-	



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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"/>	<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"/>	-	
WSIB CAD-7	<input type="checkbox"/>	<input type="checkbox"/>	
WSIB NEER	<input type="checkbox"/>	<input type="checkbox"/>	
WSIB MAPP	<input type="checkbox"/>	<input type="checkbox"/>	
F) Written Summary for MOL/ TSSA 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"/>	



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SECTION H: SUBMISSION CHECKLISTS

CHECKLIST 2 –RENEWAL APPLICATION FOR COR™ CERTIFIED CONTRACTOR

SUBMISSION ITEM	Provided	N/A	PROGRAM SECTION / PAGE #
Guideline Section 3.2 – Submittals			
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 Laws and all 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: