

TENANT CONTRACTOR CHECKLIST

(To be presented to the Property Manager with supporting documentation before work commences)

1. CONTRACTOR INFORMATION

- 1.1 Company Name:
Contact Name:
Correspondence Address:
City:
Province:
Postal Code:
Telephone:
Email:
Website:
- 1.2 Date started in business:
- 1.3 Type of Company: public limited / private limited / partnership / sole proprietor
.....
If limited company, date of incorporation & jurisdiction:
- 1.4 Parent company number, if applicable:
GST number:
- 1.5 Number of employees: (# or range)

2. TRADE ASSOCIATIONS

Are you a member of any Trade Associations/Bodies? Yes / No

If YES, please specify and supply membership certificates

.....
.....
.....

3. LICENSES

Do you require any of the following licenses to work on-site? (Please write the license number beside each category below where applicable)

Trade Licenses		
Electrical – license number: _____	Yes	No
Elevator – license number: _____	Yes	No
Fire Safety – license number: _____	Yes	No
Gas – license number: _____	Yes	No
Plumbing – license number: _____	Yes	No
Equipment Licences		
Fork Lift	Yes	No
Lift Truck	Yes	No
Scissor Lift	Yes	No
Other Equipment (provide details)	Yes	No

4. QUALITY

4.1 Are you quality registered? YES / NO

4.2 If NO, Do you have documented quality systems? YES / NO

Are you actively seeking accreditation to a quality standard? YES / NO

If YES, when will you expect to achieve accreditation?

5. CONTRACTOR INSURANCE

We have enclosed a blank certificate of insurance. Please ask your broker to complete it and return a copy of it with this form.

6. ENVIRONMENT

6.1 Do you have an accredited environmental management system? YES / NO

6.2 If YES, which standard are you registered to?

What is the name of the registration body?

6.3 If NO, do you have a written environmental policy? YES / NO

Do you have documented environmental procedures? YES / NO

Are you actively working towards achieving accreditation? YES / NO

7. HEALTH AND SAFETY POLICY

7.1 Please provide a copy of your full Health and Safety Policy, including:

- Policy Statement: Signed and dated
- The Organization and Responsibilities – to show how Health and Safety is implemented.
- Policies and Procedures specific to your work activity.

Health and Safety Policy Enclosed:

7.2 Have you received any Non-Compliance Work Orders from the MOL/MOE (Ministry of Labour/Environment) in the last 12 months. YES / NO

If YES, please give details, including subsequent action taken by the Company:

7.3 Have you been prosecuted for any breaches of Health & Safety legislation in the last three years? YES / NO

If YES, please give details, including subsequent action taken by the Company:

8. STAFF DEVELOPMENT & TRAINING

8.1 Do you have documented staff development/training procedures? YES / NO

8.2 Please list and provide Health & Safety training records.

.....

.....

.....

.....

.....

9. SUB-CONTRACTORS/SUB-CONSULTANTS

9.1 Do you subcontract/sub-consultant any part of your activities? YES / NO

If YES, please specify which parts:

9.2 Approximately how many sub-contractors/sub-consultants do you use?

9.3 Please detail how sub-contractors/sub-consultants Health & Safety arrangements are assessed.

Please supply copies of assessment records, as appropriate. Enclosed:

9.4 Who carries out these assessments?

9.5 What are the assessors Health & Safety qualifications / experience?

.....
.....
.....

9.6 At what intervals are these assessments reviewed?

9.7 Please explain how you manage / supervise / monitor sub-contractors' activities:

9.8 Please explain how you ensure that your sub-contractors/sub-consultants have a robust assessment procedure in place for any sub-contractors/sub-consultants that they in turn engage.



Tenant Signature:

Date:

Property Management Approval:

Date:
