



Truck and Equipment Hiring Inventory Submission

The Municipal District of Bonnyville is creating a list of available trucks and equipment to be used when selecting contract equipment for hire **as and when needed** for delivery of construction and maintenance services.

The Department of Transportation and Utilities will maintain a list of available equipment/trucks which will be updated and renewed on an annual basis.

To be added to the list, please complete the form below and submit to Transportation and Utilities office in person at 61330 Rge. Rd. 455, via mail at 4905-50 Ave. Bonnyville, AB, T9N 2J7 or via email at publicworks@md.bonnyville.ab.ca.

For more information, please call 780-826-3951. To read the policy, visit <http://bit.ly/MDHiringTrucksEquipmentPolicy>.

Bidder: _____

Address: _____ **Phone:** _____

Email: _____

Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ **CVIP:** _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

Previous Experience Working With the M.D.? _____

I certify that the statements made by me in this application are true and complete. I understand and agree that a false statement may disqualify me from contract with the Municipal District of Bonnyville No. 87.

Signature: _____ **Date:** _____

1 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

2 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

3 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

4 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

5 - Equipment Type, Model, Year (to list more equipment, please list on back):

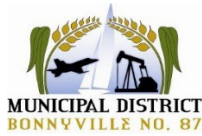
Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile

6 - Equipment Type, Model, Year (to list more equipment, please list on back):

Licensed Axel Weight: _____ CVIP: _____

Rates: \$ _____ per Hourly Lump Sum Unit Tonnes per Mile



Contractor Management

APPENDIX C – Contractor Health and Safety Pre-Qualification Evaluation

| 1. Company Information | |
|-------------------------------|-----------------|
| Company Name: | _____ |
| Company Address: | _____ |
| City: | Province: _____ |
| Postal Code: | _____ |
| Telephone Number: | Fax: _____ |
| Company Representative: _____ | |
| Name: _____ | |
| Position: _____ | |
| Phone Number | E-Mail: _____ |

| 2. Questions: | Yes | No |
|---|--------------------------|--------------------------|
| Have you had any fatalities occurred within the last 3 years? • If so, submit your corrective action plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been on site where a fatality has occurred within the last 3 years? • If so, submit your corrective action plan (as appropriate). | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any OHS Orders issued within the last 3 years? • If so, submit your corrective action plan. | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had any Environmental Orders issued from Alberta Environment and Parks? • If so, submit your corrective action plan. | <input type="checkbox"/> | <input type="checkbox"/> |

| 3. Supporting Document: | Yes | No |
|---|--------------------------|--------------------------|
| • Certificate of Recognition (COR, MECOR, SECOR, TLC) | <input type="checkbox"/> | <input type="checkbox"/> |
| • WCB Premium Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| • WCB Clearance Letter issued within the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> |
| • Health, Safety and Environmental Manual | <input type="checkbox"/> | <input type="checkbox"/> |
| • Emergency Response Plan Manual | <input type="checkbox"/> | <input type="checkbox"/> |
| • Hazard Assessments appropriate for the project | <input type="checkbox"/> | <input type="checkbox"/> |
| • Safe Work Procedures appropriate for the project | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copy of Safety Certificates for all employees on-site (First Aid, WHMIS etc...) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Copy of Valid CVIP | <input type="checkbox"/> | <input type="checkbox"/> |
| • Insurance Certificate(s) that includes: | <input type="checkbox"/> | <input type="checkbox"/> |
| o Minimum limit of 2,000,000 Umbrella Liability | <input type="checkbox"/> | <input type="checkbox"/> |
| o MD of Bonnyville No. 87 listed as additional insured | <input type="checkbox"/> | <input type="checkbox"/> |
| o Public and Property Damage | <input type="checkbox"/> | <input type="checkbox"/> |
| o Coverage for owned and hired motor vehicles | <input type="checkbox"/> | <input type="checkbox"/> |
| o Professional Liability Insurance | <input type="checkbox"/> | <input type="checkbox"/> |

The signatory of this document guarantee's the trust and accuracy of all responses given herein, and is an authorized officer or agent of the company. I understand that a false statement or fictitious documentation may disqualify the bid.

Print Name
Signature:
Date:

| 4. MD of Bonnyville No. 87 Review | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Acceptable | <input type="checkbox"/> Conditional (attach action plan) | <input type="checkbox"/> Unacceptable |

Print Name:
Signature:
Date: