



Application for Contractor Safety Pre-Qualification

Review the **GTAA Contractor Safety Pre-Qualification Guidelines** which detail the **mandatory submittals** and application requirements prior to completing this application. The Guidelines can be accessed online from: <https://www.torontopearson.com/en/operators-at-pearson/construction/before-you-start> - under "Constructor on-boarding".

SECTION A: INITIATION			
Indicate whether the application is new or a renewal and identify the GTAA Representative inviting the applicant to pursue Pre-Qualification through either a request for proposal (RFP), active contract(s), or by invitation.			
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEWAL Submit all questions & completed forms to: constructioncompliance@gtaa.com			
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.			
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"/>	<input type="checkbox"/>
Overall Project Incidence Rate* (last three projects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Construction Managers / General Contractors Must Attach A Sample "Project Safety Report".			
SECTION D: CERTIFICATE OF RECOGNITION (COR™) or OTHER 3 rd PARTY VALIDATION			
<p>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</p>			
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 Z1000 Compliant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – please specify:			
SECTION E: PERSONNEL (must include; Manager, Supervisor and Safety Coordinator)			
<p>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.</p>			
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:
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:	



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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 OHS program manual, mark X to identify the estimated frequency with which your organization anticipates undertaking the following activities 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	FREQUENTLY	INFREQUENTLY
Subcontractor Management Program / Use of Subcontractors (Attach List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Way Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within Secure / Restricted Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at Heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Scaffolds and/or Temporary Work Platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Source Alteration, De-energization or Lockout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in Confined Space, Attic or Restricted Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Cranes or other Hoisting and Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION G: ADDITIONAL PROGRAM CONSIDERATIONS

ACTIVITY	N/A	FREQUENTLY	INFREQUENTLY
Work with Machinery, Conveyors or Baggage Handling Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation or Trenching Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Disturbance or Surface Penetration Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Traffic Control Equipment or Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Mobile Equipment and/or Access Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of GTAA-owned Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION H: 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 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: