

Contractor Performance Summary



BUSINESS UNIT	DIVISION	AREA	SROW/CONTRACT #
SET	Central	Prince George	
Reference (Project) Name/#: Salmon River Crossing Replacement UO842		Date of Report: Nov 17/09	
Project Manager: Umar Arshi		Contractor: Sub Contractor: Polar Medical	
Project Location: Salmon River		Contractor Supervisor: Joanne Holness	
			Yes No
1	Was it necessary for SET West to:		
	• request the removal or replacement of any Contractor's worker due to improper safety practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• suspend work at any time due to unsafe conditions or practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• terminate the contract for failure to adhere to safety laws and regulations, or SET West safety requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	• cite the Contractor for any serious health and safety contraventions having potential for causing critical injury or loss of life? If yes, note type of infraction (fall protection, confined space, unsafe flammable use, electrical work, improper shoring/trenching)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Was there any accident or incident involving the contractor, SET West, the public and / or property, arising from the Contractor's execution of the work? If so, please describe		<input type="checkbox"/> <input checked="" type="checkbox"/>
3	Were there any EHS risks identified during the project that were not identified during the EHS Prescreening process? If so, provide details in notes section.		<input type="checkbox"/> <input checked="" type="checkbox"/>
4	Did the Contractor, its subcontractors, or their personnel receive any orders or citations from health and safety regulatory agencies for alleged non-compliance? If so, describe in NOTES section.		<input type="checkbox"/> <input checked="" type="checkbox"/>
5	Were there any EHS performance issues that would prevent this contractor from working for SET West in future? If yes, provide detail in notes section below		<input type="checkbox"/> <input checked="" type="checkbox"/>
6	Was the Contractor subject to EHS mentoring during the project?		<input checked="" type="checkbox"/> <input type="checkbox"/>
7	If the answer to Question 7 was "Yes", did the Contractor fail to meet EHS Improvement requirements of the mentoring plan?		<input type="checkbox"/> <input checked="" type="checkbox"/>
			Very Good Satisfactory Unsatisfactory
8	Contractor compliance with site safety inspection requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9	Contractor cooperation on safety issues	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10	Contractor compliance with safety meeting requirements (committee meetings; safety as part of project meetings; "talkgate" safety talks)	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11	Contractor compliance with site health and safety orientation requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	Management of subcontractor safety practices	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13	Safety-related monitoring, enforcement, and discipline	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14	Was Contractor? <input type="checkbox"/> Primary Contractor <input checked="" type="checkbox"/> Sub-Contractor		
15	Was the work contractually performed? <input type="checkbox"/> Within Budget <input type="checkbox"/> Over Budget		
16	Project was: <input checked="" type="checkbox"/> Lump Sum <input type="checkbox"/> Time and Materials <input type="checkbox"/> Other		
17	Were extras submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Were there any change orders? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18	Did this contractor use any sub-contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list subs and type of work performed:		
19	Overall, the work performed by this contractor was: <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Sub-Standard Overall, the HS performance <input checked="" type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Sub-Standard Explain why: Excellent crew, very professional communication skills dealing with daily crews and visitors		
20	NOTES: 85% of Polar Medical staff have 10 plus years in the field as First Aid attendants Crews are trained to IRP 16 on Safety Sync. Joanne (owner) has a nurses aid certificate also Some of crew have worked with a critical care nurse in a remote community All has her OFA Level 3, AED endorsement, taking her Primary Care Paramedic training, training with Rope and High Angle rescue Trucks are equipped to First Aid Room Standards, complete with AED's, high level splints, all trucks are 4x4 diesels Joanne has Oil and Gas Safety Training provided at Enform Training Center - Nisku		

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