



Head Office
8701 – 102 Street
Clairmont, Alberta
T8X 5G8
(780) 532-7350
(780) 532-7769 (fax)

Dear Vendor:

At IPAC Services we expect all contractors, service providers and suppliers who provide services or goods to any of our sites or projects to be familiar with and uphold the practices we follow as employees. This is supported by the requirement that contractors and service providers sign off on their understanding and acceptance of our policies and practices. It is expected that such suppliers, contractors and service providers will collaborate with IPAC to meet its business goals and to fulfill its responsibilities. To gain a thorough understanding of these expectations and practices, please review the documentation found on our website at www.ipacservices.com and select Vendor Connection in the top right hand corner.

ADDITIONAL RESOURCES – COMPLYWORKS

IPAC Services is working with ComplyWorks and our contractors to ensure a high level of safety while on site. ComplyWorks collects compliance information and provides IPAC Services with easy access to this information in order to pre-qualify contractors for future hiring and employment opportunities. ComplyWorks web based system will manage the renewal of all required contractor and vendor insurance, WCB and provide HS&E data such as TRIF (Total Reportable Injury Frequency) on our vendors.

All contractors, service providers and suppliers who provide services or goods are required to supply all data to IPAC via ComplyWorks. Participation is mandatory if you wish to work with IPAC Services going forward. In order to enroll in ComplyWorks you can either go to www.complyworks.com or contact them directly at 403-219-4792.

In order to obtain an Approved Status on our Preferred Vendors List, IPAC Services Corporation requires the information requested in the attached Vendor Management Package. This includes reading and signing the attachment “A” outlining agreement to our policies and procedures.

Modifications or deletions to this agreement will not be approved due to possible change or intend to the agreement. We suggest you keep a copy of this agreement for your files.

Please forward the completed package to the sender or to accounting@ipacservices.com. If we do not receive your signed agreement, you will be removed from our vendor list and your services will not be used by IPAC Services Corporation. If you have further questions, please contact myself @ 780-532-7350. We thank you for your attention to this matter.

Yours truly,

Trevor Hunt
Senior Purchaser
IPAC Services Corporation
e-mail trevor.hunt@ipacservices.com



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Health, Safety & Environmental Policy

IPAC is committed to maintaining a safe and healthy work environment that provides a high level of protection and security for all employees, owner operators, subcontractors, clients, suppliers, the general public, assets and the environment.

IPAC believes all incidents are preventable. Sound management plans and active participation in loss prevention strategies, at all levels, is an integral part of true workplace success. Our goals and successes are measured through an injury and accident free workplace.

IPAC senior management endeavours to identify, develop, establish, implement, supply and monitor appropriate systems, communication processes, safe work practices and procedures, personal protective equipment, educational programs and guidelines that focus management, supervisors, employees, owner operators, subcontractors and suppliers on the awareness necessary to reduce the risks of accidents and/or incidents in all activities.

IPAC employees, supervisors, owner operators and subcontractors will be held accountable for fully complying with all health, safety and environmental standards and regulations, all elements identified in the Loss Prevention Manual and for cooperating with management in the implementation, maintenance and continuous improvements to our Loss Prevention strategies and performance.

IPAC management, supervisors, employees and owner operators will work together to identify and ensure compliance with Federal, Provincial, Local, Industry or Client standards and regulations.

IPAC recognizes that safeguarding the health and safety of people, property and the environment is a shared responsibility. All individuals engaged in any IPAC work activity shall maintain a positive attitude and promote activities that secure a safe and healthy workplace.

IPAC expects all management, supervisors, employees, owner operators and subcontractors to treat this HS&E Policy and the Loss Prevention Program with utmost importance. Compliance is paramount to carrying out their daily work duties.

A handwritten signature in black ink, appearing to read "Ron Ward", is written in a cursive style.

Ron Ward
President and Chief Executive Officer
June 1, 2017



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Attachment A

ACKNOWLEDGEMENT OF IPAC SERVICES POLICIES

I, being a duly authorized representative of «_____» (the "**Contractor**"), with the authority to legally bind the Contractor, and in my personal capacity, hereby acknowledge that I have read a copy of all of the policies and practices set out in IPAC Services Expectations and Practices located in "Contractor Connection" on www.ipacservices.com (the "**IPAC Services Policies**" as of the date set out below and that I understand and agree to abide by them and to cause the Contractor to abide by them. I shall submit and cause the Contractor to submit this form at the beginning of each calendar year and each time a Purchase Order or Change Order is issued. To the extent of any conflict between this Acknowledgement and any other information on www.ipacservices.com, this Acknowledgement together with the IPAC Services Policies shall govern.

I, and, to my knowledge, the Contractor, are not now involved in any situation which might constitute a contravention of any of the terms of the IPAC Services Policies, other than as already disclosed in accordance with the IPAC Services Policies.

Dated this _____ day of _____, _____.

«VENDOR» _____

Signature

Name (*print*)

Position (*print*)



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LEGAL COMPANY NAME _____

OPERATING NAME IF DIFFERENT: _____

ADDRESS: _____

CITY: _____ Prov: _____ POSTAL CODE _____

PHONE: _____ FAX _____ E-mail _____

REMIT TO ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

Please provide a list of all your branch locations with phone numbers and email address.

Location: _____ Contact Name: _____ Email: _____ Phone: _____

Location: _____ Contact Name: _____ Email: _____ Phone: _____

Location: _____ Contact Name: _____ Email: _____ Phone: _____

Location: _____ Contact Name: _____ Email: _____ Phone: _____

Location: _____ Contact Name: _____ Email: _____ Phone: _____

Location: _____ Contact Name: _____ Email: _____ Phone: _____

Location: _____ Contact Name: _____ Email: _____ Phone: _____

Please provide contact information and email for proposal inquiries:

Name: _____ Email: _____ Phone: _____

GST Number: _____

PLEASE ATTACH A CERTIFICATE OF INCORPORATION _____ Attached

PLEASE ATTACH A CURRENT RATE SCHEDULE _____ Attached

DOES YOUR COMPANY QUALIFY AS AN ABORIGINALLY CONTROLLED ORGANIZATION?

Y N

As defined by the Canadian Council for Aboriginal Business as 51% owned and controlled by an aboriginal person(s)

Please provide supporting documentation as attachment. _____

Please note: IPAC payment terms are 60 days upon receipt of invoice.

1 Does your Company have a valid Certificate of Recognition or Equivalent? Y N

If yes, please provide number and expiry date: _____

If no, does your Health, Safety & Environmental Program contain the following

- > Management Leadership & Organization Commitment Y N
> Hazard Identification & Assessment Y N
> Hazard Control Y N
> Ongoing Inspections Y N
> Qualifications, Orientation and Training Y N
> Emergency Response Y N



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- Accident & Incident Investigation Y N
- Program Administration Y N
- 2 Does your company have a HS&E Protection Policy Statement? Y N
- 3 Does your company have a Drug & Alcohol Policy? Y N
- 4 Does your company have a Working Alone Policy? Y N
- 5 Are Managers and Supervisory Personnel orientated to the HS&E Manual? Y N
- 6 Does your company have a Preventative Maintenance Program in place? Y N
- 7 Does your company maintain internal HS&E Statistics? Y N

If yes, please provide company statistics for the previous three years

	YEAR		
Number of Lost Time Accidents (LTA)	[]	[]	[]
Number of Medical Aid Injuries (MA)	_____	_____	_____
Number of Modified Work Injuries (MW)	_____	_____	_____
Number of Fatal Injuries (FI)	_____	_____	_____
Total Number of Hours Worked	_____	_____	_____
Total Recordable Incident Frequency Rate (TRIF)	_____	_____	_____
TRIF = [(LTA+MA+MW+FA) x 200000] / Total Hrs			
Lost Time Accident Frequency Rate (LTAF)	_____	_____	_____
LTAF = [(LT+FA) x 200000] / Total Hrs			

8 Please list your company's WCB account information. If your company has registration in more than one province, - please list (please attach/supply a WCB Letter in Good Standing)

WCB Account Number	Class	Province	Letter Attached
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N

Is there Directors or Optional Coverage applied to / included with the WCB Accounts(s)? Y N

9 Please complete the last three years of your company's WCB experience rating

[]	[]	[]	[]	[]	[]
Current Year	Industry Avg.	Previous Year	Industry Avg.	Previous Year	Industry Avg.

10 Does your company maintain all the necessary insurance covering the work activities: Y N

Liability Insurance	Amount	Expiry	Certificate Attached
Comprehensive General Liability			<input type="radio"/> Y <input type="radio"/> N
Automobile/Equipment			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N
			<input type="radio"/> Y <input type="radio"/> N

Will IPAC Services be Additional Named Insured on the Policies? Y N



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11 Does your company have an ISO or Quality Equivalent Registration? Y N

If yes, please provide info on the certification: _____

If no, does your Quality Control/Assurance Program contain the following

- A company specific written Quality Control / Assurance Manual Y N
- A formal Quality Training Program for Supervisors Y N
- A formal Quality Training Program for Non-Supervisory personnel Y N
- Job Site Inspections Y N
- A system of recording the costs of re-works due to poor quality control Y N

12 Does your company have a policy on the recognition and promotion of diversity and minorities in the workplace? Y N

If yes does the policy and procedures contain

- Aboriginal Ancestry Y N
- Other Visible Minorities Y N
- Sensitivity Training for Manager and Supervisors Y N
- Statistical Information on company percentage / content Y N

ADDITIONAL COMMENTS

(Company Representative Completing the Questionnaire)	(Signature)
(Title)	(Date)
(Email)	(Phone)

<p>OFFICE USE ONLY</p> <p>Note review and comments on any missing items, and follow up actions.</p> 	<p>Vendor Approved _____</p> <p>Preferred _____</p> <p>MSA Required _____</p>
(Reviewed By – PRINT NAME & INITIAL)	(Date)