

January 12, 2024

Addendum No. 01

File Reference Number: RFP 2024 002

Title: Janitorial Services North Bay Properties

RE: Clarifications/Questions

Please refer to the following information / clarifications:

Part 3 – RFP Specifications – Schedule 3A – Scope of Work

Item 1: III. Shop Complex (915 McIntyre Street East) – 5. Security Trailer

Please note that ONTC has now made this an optional item. ONTC may elect to include the janitorial services for the Security Trailer, including the washrooms, to the scope of work or, in the alternative, ONTC may elect to perform the janitorial services in house.

Please note that we have amended Proposal Form 1 – Proposal Submission Form. Please replace the Proposal Form 1 in the RFP package with the Proposal Form 1 attached to this Addendum at Appendix A.

Item 2: III. Shop Complex (915 McIntyre Street East) – 6. RRC Paint Shop

Please note that ONTC has made this an optional item. ONTC may elect to include the janitorial services for the RRC Paint Shop, including the kitchenette, office areas, and washrooms, to the scope of work or, in the alternative, ONTC may elect to perform the janitorial services in house.

Please note that we have amended Proposal Form 1 – Proposal Submission Form. Please replace the Proposal Form 1 in the RFP package with the Proposal Form 1 attached to this Addendum at Appendix A.

Part 4 – Form of Proposal - Proposal Form 7 – Health, Safety and Environment

Item 3: Contractor Safety Pre-Qualification Form

Please note that the Contractor Safety Pre-Qualification Form was not attached in the original RFP package. Please add the Contractor Safety Pre-Qualification Form attached to this Addendum at Appendix B to Proposal Form 7 of the RFP package. Please ensure that this form is completed in its entirety and forms a part of your proposal.

All other terms and conditions of the RFP remain the same and are unchanged.

Regards,
Brinda Ranpura
Procurement Contracts Specialist
Brinda.ranpura@ontarionorthland.ca

APPENDIX A

**PART 4 – FORM OF PROPOSAL
PROPOSAL FORM 1
PROPOSAL SUBMISSION FORM**

RFP Number: RFP 2024 002

Description: Janitorial Services North Bay Properties

Submitted To: ONTARIO NORTHLAND TRANSPORTATION COMMISSION

We, _____

(Name of Respondent)

having carefully examined, understood, and completed the Request For Proposals Documents as described in Section 2 – The RFP Documents, and Addendum No. _____ to No. _____ inclusive, and having reviewed the supplied photographs and familiarized ourselves thoroughly with local conditions, hereby agree to supply the services associated with the RFP 2024 002 - Janitorial Services North Bay Properties as outlined in our Proposal for a total price of:

\$ _____ (\$ _____) excluding HST

which price includes any specified allowance and all taxes (**excluding HST**) except as may be otherwise provided in the RFP Documents, and to furnish all materials, labour, equipment and transportation to perform the entire Work described in the RFP Documents, in the manner prescribed therein, and in accordance with the specifications.

ONTC reserves the right in its sole discretion to sub-divide and/or bundle the Goods and/or Services which are the subject of this RFP and award one or any number of separate contracts for the Goods and/or Services.

Facility	Price per Month	Annual Amount
Head Office – 555 Oak Street East		
The North Bay Station – 100 Station Road		
Shop Complex – 915 McIntyre Street East (<i>exclude prices for security trailer including its washroom and for RRC Paint Shop including its kitchenette, office areas, and washrooms</i>)		

Truck Shop/QA Office – 908 Worthington Street		
Motor Coach Maintenance Facility – 567 Wallace Road		

TOTAL: _____

Optional Item Prices

Facility	Price per Month	Annual Amount
Shop Complex – 915 McIntyre Street East – 5. Security Trailer <i>(include prices for security trailer and its washroom)</i>		
Shop Complex – 915 McIntyre Street East – 6. RRC Paint Shop <i>(include prices for its kitchenette, office areas, and washrooms)</i>		

TOTAL: _____

Prices above exclude HST:

- *Procurement is subject to budgetary approval of expenditures*
- *ONTC reserves the right to add or remove additional locations and/or scope*
- *ONTC may in its sole discretion retain more than one Respondent to provide the Goods and/or Services.*

Signed and submitted for and on behalf of:

Contractor:

(Company Name)

(Street Address or Postal Box Number)

(City, Province and Postal Code)

Signature:

I have authority to bind the corporation.

Name and Title:

Email:

Date at _____ this _____ day of _____, 2024

APPENDIX B

1. Company Identification:			ONTC Use
Company Name:	_____	Telephone:	_____
Mailing Address:	_____	Fax:	_____
	_____	E-mail:	_____
2. Form of Business:			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership:	<input type="checkbox"/> Corporation	
3. Officers:			Years with the Company
President / CEO	_____	_____	_____
Vice President	_____	_____	_____
Treasurer			_____
Who is the manager most responsible for health and safety?			
Name:	_____	Title:	_____
4. How many years has your business operated under its current name?			_____
5. Under Current Management Since (Date)			_____
6. Parent Company Information			
Parent Name:	_____		_____
City:	Province / State:	Postal / Zip Code:	_____
Subsidiaries:			_____
7. Insurance Contact Information			
Title:	Telephone:	Fax:	_____
Insurance			
8. Carriers: Type of Coverage: Telephone			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
9. Organization:			
Describe the nature of the work your company specialized in:			_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

10. Health and Safety Performance

- | | | | |
|---|------------------------------|-----------------------------|--|
| a) Are any of the above services that you perform normally subcontracted to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b) Can you provide a Workplace Safety & Insurance Clearance Certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c) Is your company experience rated (CAD-7, NEER)? If yes attach CAD-7 reports for the last 3 years and go to item e). If no, complete item d). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d) Has an employee of your company suffered a fatal accident or "critical injury" as defined by the <u>Ontario Occupational Health & Safety Act</u> ? Please provide for the last 3 years: i) total number of lost time accidents by rate group, ii) total number medical aid accidents, iii) total number of hours worked by each rate group | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e) Has your company ever been subjected to a Workwell Audit? If yes, what was your final score? ____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f) Are there judgements, claims or suits pending or outstanding against your company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g) Have you received any regulatory (MOL, MOE, etc.) orders and/or prosecutions in the last 3 years? If yes, provide details of all prosecution and fines for the past 3 years on a separate sheet. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h) Do you have involvement in provincial safety associations such as the Infrastructure Health & Safety Association (IHSA) and/or Workplace Safety & Prevention Services (WSPS)? If yes, please name: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

11. Health and Safety Program and Procedures:

- | | | | |
|---|------------------------------|-----------------------------|--|
| a) Do you have a written health and safety policy? If yes, include a copy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b) Do you have a written health and safety program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c) If so, are the following elements addressed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. Participation by all levels in the organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| ii. Accountabilities & responsibilities for managers, supervisors and employees | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| iii. Adequate resourcing for meeting health and safety requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| iv. Hazard identification and control | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| v. Health and safety performance measurement and evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| vi. Corrective actions implementation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

12. Health and Safety Program: Does the health and safety program include procedures and practice documents such as:

- | | | | |
|---|------------------------------|------------------------------|--|
| a) Hazardous Energy Control, Lock-out – Tag-out | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b) Confined Space Entry | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c) Working at Heights, Fall Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d) Personal Protective Equipment (PPE) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e) Portable / Electric Power Tools | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | |

1. Company Identification:			ONTC Use
Company Name: _____	Telephone: _____		
Mailing Address: _____	Fax: _____		
	E-mail: _____		

2. Form of Business:

Sole Proprietor
 Partnership:
 Corporation

3. Officers:	Years with the Company
President / CEO _____	
Vice President _____	
Treasurer _____	
Who is the manager most responsible for health and safety?	
Name: _____	Title: _____

4. How many years has your business operated under its current name? _____	
5. Under Current Management Since (Date) _____	

6. Parent Company Information

Parent Name: _____

City: _____ Province / State: _____ Postal / Zip Code: _____

Subsidiaries: _____

7. Insurance Contact Information		
Title: _____	Telephone: _____	Fax: _____

8. Carriers: _____ Type of Coverage: _____ Telephone _____			
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

9. Organization:

Describe the nature of the work your company specialized in:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

10. Health and Safety Performance

- | | | | |
|---|------------------------------|-----------------------------|--|
| a) Are any of the above services that you perform normally subcontracted to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b) Can you provide a Workplace Safety & Insurance Clearance Certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c) Is your company experience rated (CAD-7, NEER)? If yes attach CAD-7 reports for the last 3 years and go to item e). If no, complete item d). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d) Has an employee of your company suffered a fatal accident or "critical injury" as defined by the <u>Ontario Occupational Health & Safety Act</u> ? Please provide for the last 3 years: i) total number of lost time accidents by rate group, ii) total number medical aid accidents, iii) total number of hours worked by each rate group | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e) Has your company ever been subjected to a Workwell Audit? If yes, what was your final score? ____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f) Are there judgements, claims or suits pending or outstanding against your company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g) Have you received any regulatory (MOL, MOE, etc.) orders and/or prosecutions in the last 3 years? If yes, provide details of all prosecution and fines for the past 3 years on a separate sheet. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h) Do you have involvement in provincial safety associations such as the Infrastructure Health & Safety Association (IHSA) and/or Workplace Safety & Prevention Services (WSPS)? If yes, please name: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

11. Health and Safety Program and Procedures:

- | | | | |
|---|------------------------------|-----------------------------|--|
| a) Do you have a written health and safety policy? If yes, include a copy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b) Do you have a written health and safety program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c) If so, are the following elements addressed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. Participation by all levels in the organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| ii. Accountabilities & responsibilities for managers, supervisors and employees | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| iii. Adequate resourcing for meeting health and safety requirements | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| iv. Hazard identification and control | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| v. Health and safety performance measurement and evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| vi. Corrective actions implementation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

12. Health and Safety Program: Does the health and safety program include procedures and practice documents such as:

- | | | | |
|---|------------------------------|------------------------------|--|
| a) Hazardous Energy Control, Lock-out – Tag-out | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b) Confined Space Entry | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c) Working at Heights, Fall Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d) Personal Protective Equipment (PPE) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| e) Portable / Electric Power Tools | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | |

f) Vehicle Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
g) Compressed Gas Cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
h) Electrical Equipment Grounding Assurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
i) Powered Industrial Vehicles (forklifts, cranes, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
j) Heavy Construction Equipment (excavators, backhoes, bulldozers, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
k) Excavation and Trenching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
l) Housekeeping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
m) Accident / Incident Reporting and Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
n) Hazard / Unsafe Condition Identification, Reporting and Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
o) Workplace Hazardous Materials information System (WHMIS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
p) Emergency Action Plan / Evacuation Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
q) Spill Response / Reporting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
r) Respiratory Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
s) Designated Substances Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
t) Waste Staging / Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
u) Traffic Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
v) Hearing Conservation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
13. Do you have a policy/procedure for terminating contracts of subcontractors who do not comply with the requirements of the <u>Occupational Health & Safety Act</u> , associated regulations and / or company safety rules?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
14. Do your employees read, write and understand English to the degree that they can safely perform their tasks without the aid of an interpreter? (<i>If no, provide a description of your plan to assure that they can safety perform their tasks</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
15. Do you have personnel certified in Emergency First Aid and CPR on site? If yes, provide copies of certificates of training for site personnel proposed for the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
16. Do you have First Aid kits available to your staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
17. Does your company use a formalized Health and Safety Plan for conducting large projects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
18. Does the company conduct pre-placement medical examinations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
19. Is task-adequate PPE provided to workers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
20. Are employees trained in PPE care, use and maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
21. Do you have a corrective actions process for addressing individual health and safety performance deficiencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

22. Equipment and Manuals:

- a. Do you conduct inspections on operating equipment (e.g. excavators, cranes, forklifts, vehicles, etc.) as per regulatory requirements? Yes No
- b. Do you maintain operating equipment in compliance with regulatory requirements? Yes No
- c. Do you maintain applicable pre-use inspection and maintenance certification records for operating equipment? Yes No
- d. Are records available upon request Yes No

23. Subcontractors

- a. Do you use health and safety performance criteria in the selection of contractors? Yes No
- b. Do you require your subcontractor to have a written health and safety program? Yes No
- c. Are your subcontractors included in
 - health and safety orientation Yes No
 - health and safety meetings Yes No
 - workplace inspections Yes No
 - health and safety audits Yes No
- d. Does the company have a policy for the termination of contracts of subcontractors who do not comply with the Occupation Health and Safety Act, regulations under the Act, contractor rules, programs, protocols policies or procedures? Yes No
- e. Does the company have a progressive discipline policy for employees and subcontractors? Yes No

24. Health and Safety Training

- a. Are you aware for the regulatory training requirements for your employees? Yes No
- b. Have your employees received the required health and safety training? Yes No
- c. Do you have specific health and safety training for supervisors? Yes No
- d. Do you keep records of health and safety training for employees? Yes No
- e. Are records of health and safety training available on request? Yes No

25. Job Skills

- a. Have employees been trained in appropriate job skills? Yes No
- b. Are employee job skills certified where required by regulation or industry standard? Yes No
- c. Are certificates available upon request? Yes No

26. Health and Safety Supervision

- a. Does the company have a health & safety coordinator? Yes No
- b. Who is the highest ranking safety professional in the company

I agree that the above information is true and correct to the best of my knowledge. I also agree to follow all terms and conditions of the Contractor Safety Program at all times while performing work for ONTC. I understand that supporting documentation may be requested for due diligence verification purposes.

Name: (Please print) _____
 Signature: _____

Title: _____
 Date: _____