



**RETURN BIDS TO:**

**RETOURNER LES SOUMISSIONS À:**

Public Works and Government Services Canada  
ATB Place North Tower  
10025 Jasper Ave./10025 ave. Jasper  
5th floor/5e étage  
Edmonton  
Alberta  
T5J 1S6  
Bid Fax: (780) 497-3510

**SOLICITATION AMENDMENT  
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

**Comments - Commentaires**

**Vendor/Firm Name and Address  
Raison sociale et adresse du  
fournisseur/de l'entrepreneur**

**Issuing Office - Bureau de distribution**  
Public Works and Government Services Canada  
ATB Place North Tower  
10025 Jasper Ave./10025 ave Jasper  
5th floor/5e étage  
Edmonton  
Alberta  
T5J 1S6

<b>Title - Sujet</b> Unit 6 Port Replacement	
<b>Solicitation No. - N° de l'invitation</b> EW525-162707/B	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> CSC EW525-162707	<b>Date</b> 2016-05-17
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$PWU-107-10761	
<b>File No. - N° de dossier</b> PWU-5-38372 (107)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-05-25</b>	<b>Time Zone Fuseau horaire</b> Mountain Daylight Saving Time MDT
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Anthony, Mary	<b>Buyer Id - Id de l'acheteur</b> pwu107
<b>Telephone No. - N° de téléphone</b> (780) 237-7582 ( )	<b>FAX No. - N° de FAX</b> (780) 497-3510
<b>Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:</b>	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

**This amendment has been raised to make the following change:**

**Delete:**

**APPENDIX 1 - INTEGRITY PROVISIONS – LIST OF NAMES**

**APPENDIX 2 - VOLUNTARY CERTIFICATION TO SUPPORT THE USE OF APPRENTICES**

**APPENDIX 3 - DEPARTMENTAL REPRESENTATIVE'S AUTHORITY**

**ANNEX A - CERTIFICATE OF INSURANCE**

**ANNEX B - VOLUNTARY REPORTS FOR APPRENTICES EMPLOYED DURING THE CONTRACT**

**ANNEX C - LISTING OF SUBCONTRACTORS**

**Insert:**

**APPENDIX 1 - INTEGRITY PROVISIONS – LIST OF NAMES**

**APPENDIX 2 - VOLUNTARY CERTIFICATION TO SUPPORT THE USE OF APPRENTICES**

**APPENDIX 3 - DEPARTMENTAL REPRESENTATIVE'S AUTHORITY**

**APPENDIX 4 - MANDATORY HEALTH AND SAFETY**

**ANNEX A - CERTIFICATE OF INSURANCE**

**ANNEX B - VOLUNTARY REPORTS FOR APPRENTICES EMPLOYED DURING THE CONTRACT**

**ANNEX C - LISTING OF SUBCONTRACTORS**

**Insert:**

**APPENDIX 4**

**MANDATORY HEALTH AND SAFETY - *for Work in the Province of Saskatchewan***

**1.) SPECIAL INSTRUCTIONS TO BIDDERS (SI):**

**WCB AND SAFETY PROGRAM**

1. The recommended Bidder shall provide to the Contracting Authority, prior to Contract award:

1.1 a Workers Compensation Board Statement of Injury Cost Supplement - *Saskatchewan*, or equivalent documentation from another jurisdiction;

1.2 a Workers Compensation Board letter of good standing, also listing covered Directors, Principals, Proprietor(s) or Partners who will be or who are

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anticipated to be present on the work site(s), or equivalent documentation from another jurisdiction; and

1.3 a Certificate of Recognition (COR) or Registered Safety Plan (RSP). A health and safety policy and program, as required by other provincial/territorial Occupational Health and Safety Acts, will be acceptable in lieu of a COR or RSP.

2. The recommended Bidder shall deliver all of the above documents to the Contracting Authority on or before the date stated (usually 3-5 days after notification) by the Contracting Authority. Failure to comply with the request may result in the bid being declared non-compliant.

## 2.) SUPPLEMENTARY CONDITIONS (SC):

### Workplace Safety and Health

#### 1. EMPLOYER/CONTRACTOR

1.1 The Contractor shall, for the purposes of the Workplace Safety and Health Act and Regulations, Saskatchewan, and for the duration of the Work:

1.1.1 act as the Employer, where there is only one employer on the work site, in accordance with the Authority Having Jurisdiction;

1.1.2 assume the role of Contractor, where there are two or more employers involved in work at the same time and space at the work site, in accordance with the Authority Having Jurisdiction; and

1.1.3 agree, in the event of two or more Contractors working at the same time and space at the work site, without limiting the General Conditions, to Canada's order \* to:

1.1.3.1 assume, as the Contractor, the responsibility for Canada's other Contractor(s); or

1.1.3.2 accept that Canada's other Contractor is Contractor and conform to that Contractor's Site Specific Health and Safety Plan.

\* "order" definition: *after contract award, Contractor is ordered by a Change Order*

#### 2. SUBMITTALS

2.1 The Contractor shall provide to Canada:

2.1.1 prior to the pre-construction meeting, a transmittal and copy of a completed Notice of Project form PWGSC - TPSGC 458 (form will be

provided to the proposed contractor prior to award), as sent to the Authority Having Jurisdiction (AHJ); and

2.1.2 prior to commencement of work and without limiting the terms of the General Conditions:

2.1.2.1 copies of all other necessary permits, notifications and related documents as called for in the scope of work/specifications and/or by the AHJ; and

2.1.2.2 a site specific Health and Safety Plan as requested.

*NOTE: Please do not include any forms that include personal 3rd party information such as the names of the contractor's employees and their related claims information.*

**3. LABOUR AUTHORITY CONTACT:**

**3.LABOUR AUTHORITY CONTACT:**

*The contact below represents the Labour Authority in the jurisdiction (AHJ). They are not representatives of the Workers Compensation.*

Do not contact the people referenced below for issues pertaining to WCB or WCB Clearances. Those queries must be directed specifically to the WCB, and where the WCB has both a Labour and Compensation component, WCB issues must be directed to the Compensation/Employer Services sections.

<p><b><u>SASKATCHEWAN South</u></b></p> <p>Saskatchewan Labour Occupational Health and Safety Division 6th Floor, 1870 Albert Street Regina, SK, S3P 3V7 Attention: Chief Safety Southern Region Telephone:(306) 787-4481 Facsimile: (306) 787-2208☐</p>	<p><b><u>SASKATCHEWAN North</u></b></p> <p>Saskatchewan Labour Occupational Health and Safety Division 122 - 3rd Avenue North Saskatoon, SK, S7K 2H6 Attention: Chief Safety Northern Region Telephone: (306) 933-5050 Facsimile: (306) 933-7337☐</p>
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