

2018 Snow Removal Quotation Form

Quotes for Snow Removal for the Villages of Chepstow, Cargill and Elmwood will be received until **12:00 noon, October 24, 2018.**

- Bridges
- Sidewalks in main business sections

- Lots must be done prior to 7:00 a.m.
- Hourly rates to show exact time spent on each location, on bill
- Please state equipment that will be used
- WSIB form required

Occupational Health and Safety Act

In order to avoid any misunderstanding as to the nature of the work to be performed herein, the Contractor, by executing this Contract unequivocally acknowledges that he is the Constructor within the meaning of the Occupational Health and Safety Act and amendments thereto.

Contractors and subcontractors may be required to:

1. Demonstrate establishment and maintenance of health and safety program with objectives and standards consistent with applicable legislation and with the Municipality's health and safety policy and requirements.
2. Ensure that workers in their employ are aware of hazardous substances that may be in use at place of work and wear appropriate personal protective equipment requirements.

Compliance to the Municipality of Brockton Accessibility Policies & Procedures

In accordance with Regulation 429/07 Accessibility Standards for Customer Service Section 6, every provider of goods and services shall ensure that every person who deals with members of the public or participates in the developing of the service provider's policies, practices and procedures governing the provision of goods and services to members of the public, shall be trained. Website or other preapproved training would be considered an acceptable form of training.

Liability Insurance

The contractor shall take out and keep in force until the date of acceptance of the entire work by the Corporation, a Comprehensive Policy of Public Liability and Property Damage Insurance acceptable to the Corporation, providing insurance coverage in respect of any one accident, to the limit of at least \$5,000,000 exclusive of interest and cost, against loss or damage resulting from bodily injury to, or death of, one or more persons and loss of or damage to property, and such policy shall name the Corporation of the Municipality of Brockton as an additional insured thereunder and shall protect the Corporation against all claims for all damage or injury including death to any person or persons and for damage to any property of the Corporation or any other public property or private property resulting from or arising out of any act or omission on the part of the contractor of any of his servants or agents during the execution of the contract and the contractor shall forward a certified copy of the policy or certificate thereof to the Corporation before the work is started.

Before Awarding a Contract

The Contractor must show proof of current registration and proof of good standing with the Workplace Safety Insurance Board by providing a W.I.S.B. Independent Operator Status to the department contracting the service. Project contractors are to provide proof of good standing with the W.S.I.B.

Village of Chepstow Snow Removal

- Hourly rate: \$_____

Tractor HP		Blower Width	
Make and Model			

Truck Make and Model		Blade Width	
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Loader Make and Model		Blade Width	
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Village of Cargill Snow Removal

- Hourly rate: \$_____

Tractor HP		Blower Width	
Make and Model			

Truck Make and Model		Blade Width	
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Loader Make and Model		Blade Width	
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Village of Elmwood Snow Removal

- Hourly rate: \$_____

Tractor HP		Blower Width	
Make and Model			

Truck Make and Model		Blade Width	
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Loader Make and Model		Blade Width	
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Compliance to Municipality of Brockton Accessibility Policies and Procedures

In accordance with Regulation 429/07 Accessibility Standards for Customer Service Section 6, every provider of goods and services shall ensure that every person who deals with members of the public or participates in the developing of the service provider's policies, practices and procedures governing the provision of goods and services to members of the public, shall be trained. Website or other preapproved training would be considered an acceptable form of training.

Contractor: _____

Address: _____

Telephone: _____ Fax: _____

Date: _____

Signature: _____

Name (please print): _____

The lowest or any quote will not necessarily be accepted.



Municipality of Brockton

Accessibility Regulations for Contracted Services

In accordance with Ontario Regulation 429/07, Accessibility Standards for Customer Service Sect. 6, every provider of goods and services shall ensure that every person who deals with members of the public or participates in the developing of the service providers policies, practices and procedures governing the provision of goods and services to members of the public, shall be trained on the following:

1. How to interact and communicate with persons with various types of disability
2. How to interact with persons with disabilities who use assistive devices or require the assistance of a guide animal, or a support person
3. How to use equipment that is available on the premises that may help in the provision of goods or services
4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services
5. Information on the policies, practices and procedures governing the provision of goods and services to people with disabilities.

Contracted employees, third party employees, agents and others that provide customer service on behalf of The Municipality of Brockton must meet the requirements of Ontario Regulation 429/07 with regard to training.

A document describing the training policy, a summary of the contents of the training and details of training dates and attendees must be submitted to the Municipality of Brockton upon request.

Website training at <http://www.mcass.gov.on.ca/mcass/serve-ability/splash.html> or another preapproved training source of your choice would be considered an acceptable form of training.

Name: _____

Affiliation: _____

Training Date(s): _____

Training Details: (may attach separate sheet if necessary):

Confirmation of Attendance: _____ Date: _____