



Supplier Instructions and Requirements

ONCE FORMS ARE COMPLETED, EMAIL ENTIRE PACKAGE WITH WCB, COI AND ALL SAFETY FORMS TO ACCOUNTING@RIVETMANAGEMENT.COM

To become a supplier and/or to maintain working relationship with Rivet all subcontractors need to have the following items submitted. No work can begin on site without the following submitted.

- Supplier Instructions and Requirements (3 Pages) – Read, sign and initial as indicated
- Vendor Information (1 Page) - Complete
- Diversity Program – Vendor Self Identification (1 Page) – Complete and sign
- Certificate of Insurance (required at the start and end of each project as well)
- WCB Clearance letter (required at the start and end of each project as well)
- Contractor Safety Questionnaire (3 Pages) – Complete and sign
- Subcontractor Health and Safety Compliance Acknowledgment (3 Pages) – Read and sign
- Subcontractor Prequalification's (safety) (2 Pages) – Complete and sign

Invoice Requirements

Rivet requires accurate information for payment. Each of the following items **MUST** be included in your invoice:

- Full legal company name
- Remit-to address and current contact information (email preferred)
- Contact person for payment
- Invoice date
- Invoice number (must be unique)
- Total amount due based on amount completed (If the total amount due is divided between several invoices, the payment number or completion percentage must be included).
- Detailed description of materials or services provided
- Project/job name and address
- GST/HST number with total GST/HST shown
- Clearly label whether it is an invoice or credit (credits should reference original invoice number)
- **PO Number** or subcontract agreement number
- **Completed Biller Information Form (see last page)**

Please note: Failure to include any of the above items may result in the rejection of your invoice and a delay in payment.

Changes to your supplier information

Please notify us immediately of any changes to your supplier information (address, contact names, etc.) All changes should be sent to accounting@rivetmanagement.com.

Submitting an Invoice

All invoices should be sent by email only to accounting@rivetmanagement.com and **MUST** adhere to the following guidelines:

- Only one invoice per email
- Only one copy of the invoice should be sent
- The **subject line must include project name and invoice number**
- All required invoice details (as per the invoice requirements) must be recorded on the invoice itself. Please do not include any invoice specific information in the body of the email.
- The invoice must not be altered in any way
- Acceptable document types are Word, Excel, PDF, html and htm. Handwritten invoices are not accepted.
- **Project submittals must be submitted to project manager prior to submitting final invoice. Accounting will verify prior to processing invoice – failure to submit prior will result in a rejection of your invoice.**
- A current WCB and Insurance Liability form is always required with final invoice and prior to starting on site

Please note – Your invoices may be rejected for the following reasons:

- *Invoices that are sent to the incorrect Rivet contact (ie – project manager) will be rejected and need to be resubmitted properly.
- *Invoices that are submitted without required submittals having been received by Rivet will be rejected and need to be resubmitted properly.
- *Duplicate invoices will be rejected and need to be resubmitted with a new invoice number (that invoice # will be voided in our systems)
- *Invoices submitted with manual alterations will be rejected and need to be resubmitted properly.
- *Invoices that are missing required information, incorrectly reference project information, do not detail the work completed, or that are sent prior to the work being completed will be rejected and need to be resubmitted properly and after work is complete. **Submitting an invoice earlier than work complete will actually slow your payment.**
- * If the invoice contains work that is not completed, it will be rejected.

Rejected Invoices

Invoices that do not meet the outlined invoice requirements will not be processed. It is the supplier's responsibility to re-submit the invoice with proper information in a timely manner. *** If an invoice is rejected you will need to resubmit to get it back into our approval workflow.**

Payment Terms

Rivet follows the industry standard of net 30 days from the date the invoice is approved by Rivet unless otherwise agreed upon in writing. Rivet **requires invoices by the 22nd of each month for payment the following month.**



Health and Safety Requirements

Rivet’s Health and Safety Program requires that all contractors review and adhere to the Sub-Contractor Management Procedure prior to commencing work and confirm qualification. All safety documents must be submitted in advance of any work being completed.

Confidentiality

All documents and information obtained from Rivet and all company-, client- and project-related information shall be treated with strict confidentiality and any such information shall not be disclosed nor made available to any third party without prior written consent from Rivet. If any of the clients, suppliers, sub-contractors, or anyone working with Rivet. contacts you to request company-, client- or project-related information, including invoicing, please forward the request directly to Rivet.

Avoiding Conflict of Opportunities

It is understood and agreed that any business opportunity relating to or similar to Rivet’s current or anticipated business opportunities coming to the attention of the supplier during any project is an opportunity belonging to Rivet. Accordingly, the supplier will advise Rivet of the opportunity and cannot pursue the opportunity, directly or indirectly, without the written consent of Rivet.

Agreement and Signature

I have completed the supplier profile form. I have read and understand the above supplier instructions and requirements for Rivet. I have indicated my agreement by initialing each page and signing below.

Supplier Full Legal Company Name (please print)

Name of Company Representative (please print)

Signature of Company Representative



VENDOR INFORMATION

Full Legal Company Name: _____

Office Phone Number: _____

Website: _____

GST Number: _____

WCB Number: _____

Estimating Contact: _____

Estimating Contact Email: _____

Estimating Number: _____

Primary Site Contact: _____

Site Contact Email: _____

Site Contact Mobile: _____

Primary Accounting Contact: _____

Accounting Contact Email: _____

Accounting Contact Direct Line: _____

Accounting Contact Mobile: _____

Billing Address: _____ Street Address: _____

Postal Code: _____

Postal Code: _____

Do you have any special qualifications? (ie solar, paint booth, asbestos abatement, certifications, LEED certified, etc) _____

Do you have (Please circle): COR SECOR SAFETY ISNET OTHER

Which geographic areas do you service: _____

Project References: _____



SUBCONTRACTOR HEALTH AND SAFETY COMPLIANCE ACKNOWLEDGEMENT

Rivet Construction Ltd. may function in the role of overseeing projects on behalf of the clients we represent. This role requires up to supervise and monitor the safe execution of the projects we manage.

The intent of this document is to provide Subcontractors with a general written overview of Rivet Construction Ltd.. health and safety expectations. This document is not intended to address or replace the Subcontractor's legislative or regulatory responsibilities as an employer.

It is the responsibility of the Subcontractor to operate in compliance with all applicable legislative and regulatory requirements that pertain to their activities. Compliance with this document does not relieve the Subcontractor from any liability that may result from the Subcontractor's actions or from failure to act in accordance with applicable legislation.

Where applicable, Rivet Construction Ltd. shall provide, to the Subcontractor, additional HS&E policies and procedures, relating to client specific sites or job requirements, which the Subcontractor must comply with.

Subcontractors that are COR certified may follow their HS&E program, so long as it meets or exceeds Rivet Construction Ltd. minimum requirements. Subcontractors that do not have a HS&E program shall follow Rivet Construction Ltd. HS&E program, while on Rivet Construction Ltd. owned and/or managed sites.

This document may be updated and modified at any time, at Rivet Construction Ltd. discretion.

HEALTH AND SAFETY EXPECTATIONS

Rivet Construction Ltd. is committed to ensuring the safety of our employees, subcontractors and the public when working on projects. Rivet Construction Ltd. believes that safety starts with ensuring everyone involved understands their responsibilities for Health & Safety and the expectations when subcontracting work for Rivet Construction Ltd.

Subcontractors to Rivet Construction Ltd. shall:

- Complete and return the *Rivet Construction Ltd. Subcontractor Prequalification* document.
- At the point of contract award for Rivet Construction Ltd. subcontractors, each employer representative in signing the contract or starting work is acknowledging and accepting Rivet Construction Ltd. safety expectations and shall ensure compliance with all legislated and Rivet Construction Ltd. policies, procedures and rules.
- Subcontractors shall adhere to any client required security procedures including completion of client specific orientation training.



- Subcontractors that hold a Certificate of Recognition (COR) shall provide a copy of their current certificate to Rivet Construction Ltd.
- Provide a current WCB clearance letter and rate statement, including the account number and industry code.
- Proof of required liability insurance.

MOBILIZATION AND WORK IN PROGRESS

All Subcontractors shall:

- Notify Rivet Construction Ltd. of intended site access, prior to arrival and starting work.
- Upon request, provide HS&E activity feedback reports on their project safety activities.
- Adhere to all Rivet Construction Ltd. and client specific policies and procedures.
- Supply required tools, equipment and vehicles, to conduct work in a safe manner in accordance with all legislative, regulatory and manufacturers requirements.
- Subcontractors are responsible for the inherent integrity of the tools and equipment itself and shall demonstrate that the tools and equipment have been maintained according to the manufacturers requirements and is safe for use. Pre-use inspections are required daily.
- Provide updated training records to Rivet Construction Ltd. for job specific work and equipment competencies if applicable. Workers are expected to carry on their person a current copy of any job specific training required (i.e. Standard First Aid, fall protection, WHMIS etc.)
- Supply the required Personal Protective Equipment (PPE) and adhere to related policies, procedures and rules on site. Rivet Construction Ltd. sites have a minimum requirement of a High-Visibility outer-layer (vest, jacket, coveralls etc.). Additional PPE shall be required based on identified hazards and client requirements.
- Complete a daily field level hazard assessment (FLHA). These shall include the specific tasks being completed within the scope, the associated hazards and the controls that will be applied to mitigate the hazards. Copies of FLHA's shall be forwarded to Rivet Construction Ltd. weekly by Friday at 4PM and may be shared with the client when requested. Please email FLHA's to Tony Matos tony@rivetmanagement.com
- Understand and follow all emergency response plans and procedures for the site.
- Report all unsafe work, hazards or incidents immediately to the Rivet Construction Ltd. Site Supervisor and participate in incident investigations when required.
- Subcontractors who intend to work alone at remote sites shall have a working alone program in place, approved by Rivet Construction Ltd.
- Conduct themselves in a professional manner. Behaviors' which violate Rivet Construction Ltd. policies or have the potential to endanger the safety or wellbeing of themselves or other individuals or parties on the worksite, is grounds for immediate removal from the site.
- Subcontractors are expected to maintain a clean and orderly work area and ensure clear access to and from their work area. Access to emergency response equipment including fire response equipment and points of access and egress is to be kept free and clear of obstructions.



EVALUATION AND MANAGEMENT

- Rivet Construction Ltd. may audit the Subcontractor's or require the subcontractor to self-audit adherences to the HS&E requirements of the work being performed. This may include review of HS&E documentation, worker interviews and verification of training records, certifications, and HS&E related statistics.
- Rivet Construction Ltd. reserves the right, under contract terms, to put a subcontractor on notice at any time for breaches of our HS&E program. In the event serious or repeated breaches occur, Rivet Construction Ltd. may release a subcontractor from their contract. Any costs or delays that occur because of a serious or repeated breach of safety procedures may be passed on to the subcontractor responsible.
- Our goal is to work in cooperation with our client, employees, subcontractors and the public to ensure the health, safety and wellbeing of everyone and the environment on our sites.

ACKNOWLEDGEMENT

By signing below, I acknowledge and agree to comply with the health and safety requirements and expectations of Rivet Construction Ltd.

Date:
Subcontracting Company Name:
Company Representative:
Representative Position:
Contact Number:
Email:
Signature:

DOCUMENTATION SUBMISSION CHECKLIST

- Completed Subcontractor Health and Safety Compliance Acknowledgement
- Completed Rivet Construction Ltd. Subcontractor Prequalification document
- Safety Manual Table of Contents
- WCB Clearance Letter
- Certificate of Recognition (if applicable)
- Commercial General Liability (CGL) Insurance Certificate



SUBCONTRACTOR INFORMATION

Date Completed:	
Company Name:	
Completed By:	
HSE Contact Name:	
HSE Contact Phone Number:	
HSE Contact Email:	

PREQUALIFICATION QUESTIONNAIRE

	YES	NO
Do you have a written health and safety program? (Include table of contents in document submission)		
Does it include a written:		
Health and Safety Policy		
Daily hazard assessment and control process		
Incident reporting and investigation policy and process		
Safe Work Practices		
Safe Work Procedures		
Disciplinary or enforcement policy and process		
Do you hold a valid Certificate of Recognition (COR)? (Attach copy of certificate)		
Is a copy of your HSE program available upon request?		



STATISTICS

	2022 to Date	2021	2020	2019
Number of Employees				
Total Exposure (Field) Hours				
Number of First Aid Cases				
Number of Medical Aid Cases				
Number of Modified Work Cases				
Number of Lost Time Injury Cases				
Number of Lost Days				
Number of Fatal Injuries				
Total Recordable Injury Frequency (TRIF)				
Total Lost Time Injury Frequency (LTIF)				
WCB - Employer Premium Rate (\$)				
WCB - Industry Rate (\$)				
Total Recordable Injury Frequency:				
Total number of Recordable Injuries (Medical Aid Treatment Cases, Modified Work Cases, Lost Time Injury Cases and Fatalities) multiplied by 200,000 then divided by the Number of Employee Exposure Hours.				
Total Lost Time Injury Frequency:				
Total number of Lost Time Injury Cases multiplied by 200,000 then divided by Number of Employee Exposure Hours.				
WCB Industry Code:				
WCB Account #:				
Certificate of Recognition (COR) Expiry Date:				



CONTRACTING ORGANIZATION HEALTH AND SAFETY QUESTIONNAIRE

This questionnaire will determine how you fit into your contracting organization's health and safety management system. Meet with your contracting organization's contact and determine the answers to the questions. If they answer "No" to any of the questions you will have to implement systems to deal with the item. While completing this form take notes, ask for copies, ask for examples, ask how often, etc. It will help you be prepared when health and safety issues arise.

Small Employer Name: Rivet Construction Ltd.

Representative: _____

Telephone Number: _____ Fax Number: _____

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION

1. Do I/we have a contact person for health and safety issues? YES NO
(Name: _____)

Please explain.

2. Will you be conducting safety inspections on the work that I do? YES NO
2.1 Are there specific procedures for reporting hazards to you? YES NO
2.2 Will I/we be notified when the hazards have been corrected? YES NO
2.3 Are there specific health or safety hazards we should be aware of on your site? YES NO

Please explain.

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION

3. Are there specific job procedures that we are required to follow? YES NO

Please explain.

4. Are there site specific safety rules to follow? YES NO
- 4.1 Is there specific PPE required on this site? YES NO
- 4.2 Do you provide any PPE? YES NO

Please explain.

5. Are there specific emergency response procedures we need to follow for:
- 5.1 Site evacuation (responsibilities, signals, communications)? YES NO
- 5.2 Medical emergency evacuations? YES NO
- 5.3 First aid for serious injuries? YES NO

Please explain.

6. Do you require site health and safety orientation? YES NO

Please explain.

7. Do I/we require specific health and safety training for work performed on your site (H2S, WHMIS, confined space, etc.)? YES NO

Please explain.

QUESTIONS TO ASK THE CONTRACTING ORGANIZATION

8. Are we required to attend your safety meetings? YES NO

Please explain.

9. Are there specific procedures we must follow for accident/incident reporting? YES NO

Please explain.

10. Are there specific procedures we must follow for accident/incident investigations? YES NO

Please explain.

Contracting Organization Name: _____

Representative: _____

Telephone Number: _____ Fax Number: _____

Signature: _____ Date: _____

BILLER INFORMATION FORM

*Indicates required information

COMPANY INFORMATION

.....
Company Name* (as it appears on your invoice /bill)

Company Legal Name (if different from Company Name)

.....
Address Street/P.O. Box* (as it appears on your invoice/bill)

City*

Province*

Postal Code*

.....
Main Business Phone*

Business Email*

Main Business Fax

.....
Business Number (BN)*

Contact Name*

Contact Title*

.....
Phone Number*

Email Address

Fax Number

BANKING INFORMATION

.....
Transit #*

Bank ID*

Account #

Yes! I have attached a void cheque to this form to indicate the bank account where my payments are to be deposited.*