

**APPENDIX F**

<b>CONTRACTOR QUALIFICATION REVIEW FORM</b>	
<b>Date</b>	<b>Project:</b>
	<b>Location:</b>

I, \_\_\_\_\_ contracting firm, have been issued a copy of the Contractor Management Safety Manual and have read its contents.

I understand the provisions it contains and agree to follow all policies as a condition of my contractual agreement while performing services on School District No. 43 (Coquitlam) premises.

Contractor Name: \_\_\_\_\_

Authorized Signature and Title: \_\_\_\_\_

Name of Designated Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_