

Contractor Approval Request - Form

This form to be completed for all contactors and sub-contractors prior to acceptance to the Metropolitan site

Name of Requestor			
Position		Contact Number	

Contractor Company Name			
Vendor Number			

Contractor Name/s	Medical Exemption(s)	
	<input type="checkbox"/> Pre – Placement	<input type="checkbox"/> Functional
	<input type="checkbox"/> Order 43	<input type="checkbox"/> Drug & Alcohol
	<input type="checkbox"/> Pre – Placement	<input type="checkbox"/> Functional
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	<input type="checkbox"/> Pre – Placement	<input type="checkbox"/> Functional
	<input type="checkbox"/> Order 43	<input type="checkbox"/> Drug & Alcohol

Start Date		
Proposed Finish date and Frequency (e.g. Ongoing, weekly, monthly etc)		
What Area Will this contractor be Working In	<input type="checkbox"/> CHPP <input type="checkbox"/> Production <input type="checkbox"/> CI <input type="checkbox"/> Project Development <input type="checkbox"/> HST	<input type="checkbox"/> Maintenance <input type="checkbox"/> Commercial <input type="checkbox"/> Environmental <input type="checkbox"/> Technical <input type="checkbox"/> Construction Project

	Name	Sign	Contact Number
Requestor			
Site Contact			
Department Manager			

