



Request for Proposal: Camp Catering

The Mount Nansen Remediation Project is currently accepting proposals to provide camp catering for a 2-4 week program at the Mount Nansen Remediation Site. The site bunkhouse is equipped with two stoves, four fridges, cooking utensils, pots/pans, dishware, and small appliances.

Duration: Estimated February 17 to March 10, 2025
(dates are still being finalized and subject to change)

Location: Mount Nansen Remediation Site

Camp size: 10-15 people / day

Scope of Work

1. Prepare and serve breakfast, lunch, dinner and snacks of adequate amount daily. Meals are to be nutritious and balanced.
2. Communicate with the Site Manager and receive direction about site expectations and needs.
3. Develop a meal plan for duration of contract.
4. Inventory and order food and supplies as needed.
5. Arrange for delivery of food and supplies to site.
6. Create and submit accurate and complete invoices and timesheets for payment.
7. Maintain a sanitary kitchen, food service and dining area.

Expectations

1. Professionalism – respectful communication, tidiness, appropriate attire, working well with others and contributing to a team.
2. Adhere to all MNRLP site safety and conduct rules.
3. Experience successfully providing food services on a contract basis and reference(s) from past client(s).

Certification Requirements

1. Standard First Aid
2. Driver's Licence
3. Food Safe Level 1 certification
4. Licenced and insured vehicle capable of accessing the site
5. WSCB coverage in good standing
6. Liability insurance

Bid Submission Requirements

Please complete the attached form as your bid submission. Bids are due to Bev Brown at the LSCFN Lands Department **by January 31 at 3pm YT.**



Company		
Contact	_____ Name (First/Last)	_____ Phone Number _____ Email
Name(s) of employees who will work at site		<input type="checkbox"/> Food Safe <input type="checkbox"/> Standard First Aid <input type="checkbox"/> Valid Yukon Driver's Licence Other qualifications:
		<input type="checkbox"/> Food Safe <input type="checkbox"/> Standard First Aid <input type="checkbox"/> Valid Yukon Driver's Licence Other qualifications:
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Commercial Bid	Hourly Rates <i>Please include the name and/or title of the employees who would work under this contract</i>	\$ ____ /day, Name/title: _____ \$ ____ /day, Name/title: _____ \$ ____ /day, Name/title: _____ \$ ____ /day, Name/title: _____ \$ ____ /day, Name/title: _____ \$ ____ /day, Name/title: _____
	Food <i>Breakfast, lunch, dinner, snacks</i>	\$ ____ /person/day
	Other (please include details)	
Meal Planning	Please attach a separate sheet with an example of a meal plan you would use for a 3-day period.	
Prior Experience	Site/Client Name	Duration
		Number of people
		Reference contact information
	Site/Client Name	Duration
		Number of people
		Reference contact information
	Site/Client Name	Duration
		Number of people
		Reference contact information
Health & Safety	Please complete the attached HSE form and provide a copy of your company's Health and Safety Policy / Manual.	
Insurance	Please provide copies of your WSCB certificate in good standing, and your liability insurance.	



Contractor HSSE Information Form (to be completed as part of bid submission)

COMPANY DETAILS			
Company Name:		No. of Employees:	
Contact Name/Title:			
Address:			
Telephone:		Mobile No:	
Nature of Business:			
INSURANCE & OWNERSHIP DETAILS			
Name of Public and Product Liability Insurer:			
Policy No:		Expiry Date:	
Value of Cover:	\$		
Name of Worker's Compensation Insurer:			
Policy No:		Expiry Date:	
Value of Cover:	\$		
Name of Professional Indemnity Insurer:			
Policy No:		Expiry Date:	
Value of Cover:	\$		
Has there been a change in ownership in your business within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(If YES , please provide details):			
INCIDENT EXPERIENCE			
2.1 Using your business' last 3 years of work related injury data, complete the following details:			
	3 Years Previous	2 Years Previous	1 Year Previous
a. Total number of Lost Time Injuries (LTI)			
b. Total employee hours worked			
c. Lost Time Injury Frequency Rate (LTIFR)			
(Calculation of LTIFR = No of LTIs x 200,000 / total hours worked)			
d. Total number of Reportable (medical cases, restricted duty cases, lost time cases, and fatalities)			



e. Total Recordable Injury Frequency Rate (TRIFR)			
(Calculation of TRIFR = No. of Reportable accidents x 200,000 / total hours worked)			
Total number of lost time work days and restricted duty work days			
f. Accident Severity Rate			
2.2. Has your business had any fatalities in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
LEGISLATIVE FINES AND CITATIONS			
Has your business had any fines assessed against it for safety and health issues during the past three years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
🔗 Please attach details – Attached Documents <input type="checkbox"/>			
ENVIRONMENTAL			
Using your business' last 3 years of environmental data, complete the following details:			
	3 Years Previous	2 Years Previous	1 Year Previous
a. Number of non-reportable environmental incidents			
b. Number of reportable environmental incidents			
ENVIRONMENTAL FINES AND CITATIONS			
Has your business had any fines assessed against it for environmental issues during the past three years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
HEALTH & SAFETY - ACCIDENT & INCIDENT REPORTING			
Describe your health and safety accident/incident reporting and investigating procedure:			
HAZARD IDENTIFICATION			
Describe your system for identifying and controlling hazards. Include, if part of your company's program such activities as inspection programs, employee observation programs, change management/design reviews, audit programs, etc.			
Does your business have a documented system for recording regular inspections and maintenance of tools, machinery (eg. Cranes, slings, vehicles etc.) and electrical equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>			



If **YES**, please describe:

SUPERVISOR TRAINING

Describe the orientation programs managers are required to complete prior to starting work.

Describe other safety related training required to be attended by supervisors.

DOCUMENTED SAFETY AND HEALTH PROGRAM

Does your company have documented procedures which address the following:

HEALTH & SAFETY – POLICY & PROCEDURE	YES	NO	N/A
a. Company Policy Statement on Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Health & Safety – Procedures			
b. Program Commitment and Leadership by Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Training Inductions, safety training, and Competency training requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Safety Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Standard Tasks Procedures Preparation, Administration and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Accident - Incident Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Corrective Action System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Contractor Selection and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Medical Programs (pre placement, annual, and routine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Alcohol and Drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



n. Industrial Hygiene System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Environmental Management and Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Hazardous Materials & Chemicals Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Energy Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MNRLP, ENSERO, JDS PREVIOUS CONTRACT PERFORMANCE

Have you performed work for MNRLP, Ensero, and/or JDS previously? Yes ☐ No ☐

If **YES**, please supply the date, location and job performed:

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QUESTIONNAIRE COMPLETED BY:

Name:		Signature:	
Position:		Date:	