

ATTACHMENT C
ESH QUESTIONNAIRE

Rev. 02
ESH-(7000-F)-201427

Contractor Environmental, Safety and Health Qualification Questionnaire

NOTE: All requested information must be submitted with Questionnaire. Failure to include all of the requested documentation may eliminate Bidder from consideration for this RFB.
Add additional pages as needed.

1) Business Name: _____

Name, Title, and contact information of company representative completing form:

Name:	
Title:	
Phone #:	

2) OSHA Total Recordable Injury Rates (TRC) and Days Away, Restricted, or Transferred Rates (DART) for the current and past three years. *Please report the rate, not the number of cases.*

<u>Year</u>	<u>TRC rate</u>	<u>DART rate</u>

3) Experience Modification Rate (EMR/MOD):

List your current EMR and those for the last 3 years; attach documentation from your Insurance Carrier on their letterhead with their representative's signature and title.

<u>Year</u>	<u>EMR</u>

4) Citations

Has your company received any citations in the past (3) years from any government agency?
This includes ANY citations related to Environmental, Safety and Health (ESH).

☐ YES ☐ NO

If yes, include a copy of citation(s) and abatement actions.

5) OSHA 300A Logs:

☐ Please attach your latest updated OSHA 300A Log, and those for the past three years.

6) ESH Program

Does your company have a written "ESH Program", including a mission statement, policies and procedures?

☐ YES ☐ NO

If available, please provide a copy of your ESH manual and policies and procedures.

If yes, does the program address both Environmental, Safety and Health concerns?

☐ YES ☐ NO

Check which of the following elements does your program includes.

<input type="checkbox"/>	Compressed Gases
<input type="checkbox"/>	Confined Space
<input type="checkbox"/>	Control of Hazardous Energy / Lock Out Tag Out (LOTO)
<input type="checkbox"/>	Cranes and Hoists
<input type="checkbox"/>	Disablement / Impairment of Safety Equipment
<input type="checkbox"/>	Electrical Safety
<input type="checkbox"/>	Emergency Management
<input type="checkbox"/>	Environmental Requirements (SPCC, storm water control, waste management, etc.)
<input type="checkbox"/>	Fall Protection and Prevention Procedure
<input type="checkbox"/>	Fatigue Management
<input type="checkbox"/>	Fire Prevention and Protection
<input type="checkbox"/>	Hazard Communication
<input type="checkbox"/>	Hearing Conservation
<input type="checkbox"/>	Hot Work
<input type="checkbox"/>	Incident Reporting and Investigation
<input type="checkbox"/>	Machine Safeguarding
<input type="checkbox"/>	Personal Protection Equipment (PPE)
<input type="checkbox"/>	Powered Industrial Trucks (PITs)
<input type="checkbox"/>	Respiratory Protection
<input type="checkbox"/>	Severe Weather Management
<input type="checkbox"/>	Below-The-Hook Devices and Slings/Rigging Hardware
<input type="checkbox"/>	Stop Work and/or Pause Work
<input type="checkbox"/>	Trenching and Excavation
<input type="checkbox"/>	Work Planning and Control

Does your ESH program include a Training Program?

☐YES ☐NO

Check which elements or certifications, in addition to those included in your ESH program listed above, that your company provides.

<input type="checkbox"/>	Asbestos
<input type="checkbox"/>	Bloodborne Pathogens
<input type="checkbox"/>	CPR/AED/ First Aid
<input type="checkbox"/>	Emergency Action Plan (EAP)
<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	Industrial Hygiene
<input type="checkbox"/>	Lead (Pb) Abatement
<input type="checkbox"/>	MSHA Training or certification
<input type="checkbox"/>	OSHA 10-Hour certification
<input type="checkbox"/>	OSHA 30-Hour certification
<input type="checkbox"/>	Oxygen Deficiency Hazards (ODH)
<input type="checkbox"/>	Radiation Safety
<input type="checkbox"/>	Scaffold Training
<input type="checkbox"/>	Substance-Free

List any additional training or certification not listed above:

OTHER:	
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7) ESH Professionals

Does your firm employ a Corporate ESH Director/Manager(s)? If yes, please check.

☐YES ☐NO

If yes, please provide the name(s) and phone number(s).

Name	
Ph #	
Name	
Ph #	

Do you have a Safety Manager/Supervisor(s) responsible for maintaining the ESH aspects on a daily basis on your job sites? ☐YES ☐NO

8) Does your company proactively screen sub-contractors' safety performance?

☐YES ☐NO

Revision History

Rev	Date	Section	Paragraph	Summary of Change	Authorized by
01	10/20/22	NA	NA	Initial issue	CCR 636
02	7/31/2023	NA	6,7,8	Updated ESH Manual list and removed additional information from #7 and #8	CCR 797