

CONTRACTOR ENVIRONMENTAL, SAFETY AND HEALTH (ESH) 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 RFP.

- 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.*

Year	TRC rate	DART rate

- 3) OSHA 300A Logs:
Please attach your latest updated OSHA 300A Log, and those for the past three years.

- 4) 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.

Year	EMR

- 5) 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).

☐ YES ☐ NO

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

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.

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

☐ YES ☐ NO

If yes, which of the following elements does your program include?

☐	Confined Space
☐	Crisis Management Program
☐	Disablement or Impairment Program (Critical Systems)
☐	Electrical Safety Program
☐	Emergency Response Plan
☐	Environmental Requirements (SPCC, storm water control, waste management, etc)
☐	Fall Protection and Prevention Program
☐	Fatigue Management Program
☐	Fire Prevention and Protection Program
☐	Hazardous Communication
☐	Hearing Conservation Program
☐	Hot Work Program
☐	Incident Investigation, Reporting, and Lessons Learned Program
☐	LOTO Program
☐	Personal Protection Equipment
☐	Respiratory Protection Program
☐	Safety Committee
☐	Safety Inspection Program
☐	Substance-free Policy
☐	Trenching and Excavating
☐	Work Planning and Control

Does your ESH program include a Training Program?

☐ YES ☐ NO

What elements or certifications, in addition to those included in your ESH program listed above, does your company provide?

☐	Asbestos Training
☐	Bloodborne Pathogens
☐	CPR/AED/ First Aid Training
☐	Emergency Action Plan
☐	Fire Extinguisher Training

	Hoisting and Rigging
	Lead (Pb) Abatement
	Machine Safeguarding
	MSHA Training or certification
	New Hire Orientation Program
	OSHA 10-Hour certification
	OSHA 30-Hour certification
	Powered Industrial Truck
	Scaffold Training

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? If yes, please check.

☐ YES ☐ NO

If yes, please provide the name, phone number and their qualifications

Is there one person responsible for managing the ESH aspects on a daily basis on your job sites?

☐ YES ☐ NO

If yes, what are your company's requirements with respect to qualifications for this person?

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

☐ YES ☐ NO

If yes, what are the indicators used to evaluate ESH performance?