CONTRACTOR EVIRONMENTAL, 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 RFB.

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:

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?