

## 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 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?

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

<input type="checkbox"/>	Asbestos Training
<input type="checkbox"/>	Bloodborne Pathogens
<input type="checkbox"/>	CPR/AED/ First Aid Training
<input type="checkbox"/>	Emergency Action Plan
<input type="checkbox"/>	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?