**CONTRACTOR ESH QUALIFICATION QUESTIONNAIRE**
*ESH (Environmental, Health and Safety)*

1) Contractors 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* |
|---|---|---|
| | | |
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| | | |

**TRC (Total Recordable Case)** ***= more than first aid treatment was given.***
**DART (Days Away Restricted Transferred)** ***= more than first aid treatment was given AND restrictions were job-limiting, or the employee could not work (subset of a TRC).***

***Rate calculation*** ***= (Total number of recordable injuries and illnesses that caused a worker to be away, restricted, or transferred x 200,000) / Total number of hours worked by all employees***

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, Health, and Safety).

☐YES ☐NO

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

6) EH&S 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 and Health/Safety concerns?
☐YES ☐NO

If yes, what of the following elements does your program include?
- ☐ Accident Reduction Program or AWAIR
- ☐ Safety Committee
- ☐ Safety Inspection Program
- ☐ Environmental Requirements (SPCC, storm water control, waste management, etc)
- ☐ ESH manual
- ☐ Crisis Management Program
- ☐ Substance-free Policy
- ☐ Work Planning and Control
- ☐ Emergency Response
- ☐ Substance-free Policy
- ☐ Fall Protection Program
- ☐ Hot Work Program
- ☐ LOTO Program
- ☐ Electrical Safety Program
- ☐ Respiratory Protection Program
- ☐ Hearing Conservation Program
- ☐ Incident Investigation, Reporting, and Lessons Learned Program

Does your ESH program include a Training Program?

☐YES ☐NO

If yes, what of the following elements are addressed in the training program?

- ☐ Company Safety Policy
- ☐ Fall Protection
- ☐ Fire Prevention
- ☐ Respiratory Protection
- ☐ Asbestos Training
- ☐ LOTO
- ☐ Electrical Safety
- ☐ Hazard Communications
- ☐ Hearing Conservation
- ☐ Lead Abatement
- ☐ OSHA 30 Hour certification
- ☐ Defensive Driving Course
- ☐ Powered Industrial Truck cert.
- ☐ Asbestos Awareness
- ☐ Fire Detection/Impairment
- ☐ Company Safety Rules
- ☐ Emergency Action Plan
- ☐ PPE
- ☐ New Hire Orientation Program
- ☐ Confined Space
- ☐ Hot Work
- ☐ Blood borne Pathogens
- ☐ Injury/Illness Record keeping
- ☐ CPR/First Aid Training
- ☐ OSHA 10 Hour certification
- ☐ Fire extinguisher
- ☐ Scaffold Training
- ☐ Pre job safety inspection
- ☐ Asbestos Abatement
- ☐ Environmental

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?