

**South Dakota Science and Technology Authority
Sanford Underground Research Facility
Lead, South Dakota**

**CONTRACTOR'S PRE-QUALIFICATION and
ENVIRONMENT, HEALTH & SAFETY QUESTIONNAIRE**

**LZ Davis Campus Infrastructure Improvements
SDSTA Contract #2017-17**

COMPANY INFORMATION

1) Company Name: _____

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

Name	
Title	
Phone/Email	

- 1a) How many years has your company been in business under the name listed above?
- 1b) Describe your company's business structure (Corporation, LLC, Partnership, Sole Proprietorship) and its principals.
- 1c) List the states and trades in which you may legally do business where applicable. Provide registration or license numbers.
- 1d) List the categories of work that your company normally performs with its own forces.
- 1e) Has your company ever failed to complete work it had contracted to perform? Provide details if the answer is yes.
- 1f) Disclose any and all judgments, claims, suits at law, administrative cases, or arbitration proceedings where you are or were a party during the past five years.
- 1g) Has your company been debarred or suspended from entering into contracts with any federal, state, or local governmental entity during the past five years?
- 1h) List the qualifications of team members that would be involved with this project.
- 1i) List experience and past record with similar projects, with a focus on Design-Build, in terms of complicated team involvement, site usage, and infrastructure driven projects.

ENVIRONMENT, HEALTH AND SAFETY INFORMATION

- 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.

<i>Year</i>	<i>TRC rate</i>	<i>DART rate</i>

- 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 its letterhead with their representative's signature and title.

Year	EMR

- 5) Citations

Has your company received any citations in the past three (3) years from any government agency? (This includes ANY citations related to Environment, 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 "EHS Program," including a mission statement, policies and procedures? ☐ YES ☐ NO

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

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

☐ YES ☐ NO

If yes, which 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)
- ☐ EHS 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 EHS program include a Training Program? ☐YES ☐NO

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

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

7) EHS Professionals

Does your firm employ a Corporate EHS Director/Manager? ☐YES ☐NO

If yes, provide the name, phone number and qualifications.

Is there one person responsible for managing the EHS aspects on a daily basis on your job sites? ☐YES ☐NO

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

8) Does your company proactively screen subcontractors' safety performance?

☐ YES ☐ NO

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