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

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

Industrial and Potable Waterlines Yates Complex project
SDSTA Contract #2021-04

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 in terms of team involvement, site usage, and infrastructure driven projects.

ENVIRONMENT, HEALTH AND SAFETY INFORMATION

2) <u>OSHA Total Recordable Injury Rates (TRIR) and Days Away, Restricted, or Transferred</u>

(DART) Rates for the current and past three years.

Please report the rate, not the number of cases.

Year	*TRIR/TRC rate*	*DART rate*

3) OSHA Form 300A

Please attach your latest updated OSHA Form 300A 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, Safety and Health).
☐YES ☐NO

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

6) ES&H 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 Safety/Health 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)
☐ 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
☐ Fatigue Management Program
☐ Disablement and Impairment Program
☐ Trenching and Excavation Program
☐ Hazard Communication Program
☐ Quality Assurance Program
☐ Hoisting and Rigging Program
☐ OTHER: _____

Does your ESH program include a Training Program? ☐YES ☐NO

If yes, which 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
☐ Industrial Hygiene
☐ Crane Operator
☐ Hoisting and Rigging

☐ 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
☐ Crane Inspection
☐ Trenching/Excavation
☐ OTHER: _____

7) ESH Professionals

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

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

_____

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

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

_____

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 ESH performance?

_____

_____