



**CONTRACTOR PRE-QUALIFICATION
SAFETY PERFORMANCE QUESTIONNAIRE**

Project Name	Date Questionnaire Completed

ORGANIZATION INFORMATION

Company Name: _____

Contact Person: _____ Phone Number: _____

Title: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Safety Representative: _____ E-Mail: _____

ATTACHMENTS

Please attach:

- 1. A copy of your last three OSHA Form 300. Do not include the names of the employees involved.**
 - 2. A copy of your insurance carrier's or agent's certified letter of your company's experience modification rating for the current year and each of the previous two years as listed.**
 - 3. Include a copy of the Table of Contents of your Safety Policies**
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**OMITTING OR REPORTING FALSE INFORMATION ON THIS QUESTIONNAIRE COULD
RESULT IN DISQUALIFICATION OR REMOVAL FROM THE MASTER BID LIST.**

SAFETY PERFORMANCE

1) OSHA Reporting Safety Information – Utilizing OSHA’s Form 300 and 300A for the last three (3) years, please record the following.

Information Obtained from OSHA’s Form 300A	Year:	Year:	Year:	3 Year Total
Total Hours worked by all employees				
Total number of Fatalities (G)				
Total number of cases with days away from work (H)				
Total number of recordable cases (G+H+I+J)				
Total Recordable Incident Rate = (G+H+I+J)*(200,000) / Total Hours Worked				
Lost Recordable Incident Rate = (H)*(200,000) / Total Hours Worked				

2) Current Experience Modification Rate (EMR) – Please provide Workers Compensation rating for the last three (3) years for your company as determined by the NCCI.

Year	Effective Period	Modification Rate
Current Policy Year		
1 Year Previous		
2 Year Pervious		
3 Year Average		

3) OSHA Citations: List the number of OSHA Citations received and upheld in the previous three (3) calendar years. Please indicate the number of each type (e.g. 2 non-serious).

Year	Number of Citations / Type of Citations Upheld					
Current Year		NON-SERIOUS		SERIOUS/REPEAT		WILLFUL/CRIMINAL
1 Year Previous		NON-SERIOUS		SERIOUS/REPEAT		WILLFUL/CRIMINAL
2 Year Previous		NON-SERIOUS		SERIOUS/REPEAT		WILLFUL/CRIMINAL

Please provide an explanation of the nature of each citation in the space below. Include an explanation of any open and ongoing OSHA citations.

4)	Has your company received a violation of any Air Pollution Regulations in the past 5 years?	Yes	No	If Yes, How Many?
5)	Does your company have a written substance abuse program?	Yes	No	
6)	Does your company have a PRE-HIRE drug testing program?	Yes	No	
7)	Does your company require MANDATORY POST-ACCIDENT drug testing?	Yes	No	
8)	Does your company have a WRITTEN Safety Program?	Yes	No	
	a) If yes, is a copy available upon request?	Yes	No	
	b) Do you require subcontractors and lower-tiered sub-contractors to have a written program?	Yes	No	
9)	Are Safety goals developed and communicated?	Yes	No	
10)	Does your company hold "tool box" safety meetings?	Yes	No	
	a) If yes, who attends these meetings?	All Employees	Only Field Employees	
		Other: _____		
	b) How often?	Daily	Weekly	Monthly
11)	Does your company conduct a separate Safety Orientation for <u>ALL</u> New-Hire employees?	Yes	No	
12)	Does your company provide safety training classes for your employees?	Yes	No	
	If yes, please list types of Training/Certifications maintained in your files.			
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
13)	Have your company's Supervisors and Managers completed the OSHA 10 Hour course?	Yes	No	
14)	Does your company conduct a pre-project hazard analysis? <i>(You may be required to submit a pre-project hazard analysis)</i>	Yes	No	
15)	Does your company complete a pre-task plan, Task Hazard Analysis (THA) or Job Hazard Analysis (JHA)?	Yes	No	
16)	Does your company conduct Accident/Incident Investigations?	Yes	No	

- 17) Are completed Accident / Incident Reports distributed to Management? Yes No
- 18) Does your company conduct Driver's License Record Verifications on all employees required to operate a company vehicle? Yes No
- 19) How frequently does your company conduct safety inspections? Daily Weekly Monthly
Other: _____
- 20) Who conducts these Safety Inspections
(Please select all that apply) Company Safety Representative Manager
Supervisor Insurance Representative
Safety Consultant
Other: _____
- 21) Has your company worked on a Construction Voluntary Protection Program site before? Yes No

Feel free to comment on any other areas of your company's environmental, health and Safety program and policies that you feel will be appropriate for consideration:

This questionnaire must be completed in its entirety and accompanied with all requested attachments for Hunter Contracting Co. review prior to any consideration being given to any contractual party