

## CHPRC CONTRACTOR OCCUPATIONAL SAFETY AND INDUSTRIAL HYGIENE PREQUALIFICATION FORM

The attached Pre-Qualification form provides the CHPRC with a basic summary of the contractor's level of recent past safety performance, and the content and structure of its safety and health program.

The contents of this form must cover the entire, legal entity of the company performing or considering performing work under a CHPRC contract; not just the division or branch office out of which the work will be managed/conducted.

The Pre-Qualification Form contains different questions regarding safety program structure and performance. **All questions must be answered thoroughly. Incomplete responses may result in disapproval of the safety Pre-Qualification submittal.** Falsifying any of the pre-qualification responses or submittal requests may disqualify the company from being selected indefinitely.

Submit the completed Pre-Qualification Form to the CHPRC "point of contact" for the contract/proposed contract as a single submittal. Upon completion of the submittal evaluation, the contractor will be advised of results.

The following is a checklist of documents that **MUST BE ATTACHED TO** the submittal:

- A letter from the contractor's Workers' Compensation carrier stating the Firm's interstate Experience Modification Rate (EMR) and/or intrastate EMR/risk rating (or equal) for the 3 most recent years available, plus the current year, if available. (ref: Question 30)
- OSHA Form 300 Logs or OSHA 300A Summary, or a signed list of OSHA-recordable work-related injuries and illnesses for the 3 most recent FULL years. (ref: Question 26a)
- The Table of Contents from the contractor's safety and health manual.
- Identification/summary of any OSHA citations within the 3 most recent full years.
- Identification and summary of occupationally-related fatalities in the past 5 years that involved personnel employed OR subcontracted; including the cause and implemented corrective actions. (ref: Question 25C)

# CHPRC OCCUPATIONAL SAFETY AND INDUSTRIAL HEALTH PREQUALIFICATION

**ANSWER ALL QUESTIONS**

1. Enter date this form is completed in yyyy-mm-dd: \_\_\_\_\_
2. Legal Name of Company: \_\_\_\_\_
3. Operating Name of Company (if different): \_\_\_\_\_
- 4a. Government/Tax ID Number: \_\_\_\_\_ 4b. SIC/NAICS Code: \_\_\_\_\_
5. Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_
6. Contact Person Name: \_\_\_\_\_
7. Contact Person Title: \_\_\_\_\_
8. Contact Person Email Address: \_\_\_\_\_
9. Contact Person Phone Number: \_\_\_\_\_
10. Contact Person Fax Number: \_\_\_\_\_

11. Select the one category that best describes services offered by your company and list below:

<b>Contractor or Subcontractor</b>	<b>Contracted Services</b>
1. Concrete / Masonry Contractor	15. Administrative and Employment Support Services
2. Drilling / Excavation / Trenching	16. Equipment Repair and Maintenance Services
3. Electrical Contractor	17. Food Preparation / Distribution Services
4. General / Building Contractor	18. Furnace / Oven Services
5. Glass Installation / Maintenance	19. Janitorial / Cleaning Services
6. Mining / Exploration Contractor	20. Landscaping or Pest Control Services
7. Painting / Wall Covering Contractor	21. Machine Shop Services
8. Plumbing / Heating / Air Conditioning	22. Material Handling Equipment Services
9. Public Utilities Contractor	23. Professional / Scientific / Tech / Environmental Services
10. Roadway / Highway Contractor	24. Suppliers of Machinery / Equipment / Goods Services
11. Roofing / Siding / Sheet Metal	25. Telecommunication Services
12. Site Preparation / Demolition Contractor	26. Transportation / Trucking / Hauling Services
13. Other Specialty Site Contractor	27. Uniform Cleaning and Laundry Services
14. Structural Steel Erection	28. Waste Collection, Treatment, and Disposal Services
30. Other / General Contractor	29. Waste Remediation Services
	30. Other / General Services

Enter the one category number from the list above: \_\_\_\_\_

If you selected category "30," describe the **PRIMARY** activity/service provided by your company:

12a. As part of your company's safety process, are safety and health hazard assessments conducted, and written job-specific safety and health plans or hazard analyses prepared to eliminate hazards?

- A. Yes (attach examples)
- B. Sometimes
- C. No

Explain your company's process to eliminate safety hazards:

- 12b. Does your company have a written safety and health program?     Yes     No

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13. At what frequency does your company conduct and document safety activities such as safety and health inspections or safety and health orientations?

- |    |                          |    |                     |    |                          |    |  |
|----|--------------------------|----|---------------------|----|--------------------------|----|--|
| A. | <input type="checkbox"/> | A. | Daily inspections   | B. | <input type="checkbox"/> | A. | Formal orientation at hire and at any transfer |
|    | <input type="checkbox"/> | B. | Weekly inspections  |    | <input type="checkbox"/> | B. | Formal orientation at hire                     |
|    | <input type="checkbox"/> | C. | Monthly inspections |    | <input type="checkbox"/> | C. | Informal orientation                           |
|    | <input type="checkbox"/> | D. | None                |    | <input type="checkbox"/> | D. | None   |

Optional Comments:

14. Which of the following participate in the investigation of significant incidents or accidents (check all who participate):

- | Yes                      | No                       |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. | Owner or Senior Management             |
| <input type="checkbox"/> | <input type="checkbox"/> | B. | Middle Management                      |
| <input type="checkbox"/> | <input type="checkbox"/> | C. | Lead Person                            |
| <input type="checkbox"/> | <input type="checkbox"/> | D. | Other (specify below who participates) |

15. Have the following changed for your company in the last 3 years?

- | Yes                      | No                       |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. | Ownership (if "Yes," provide details of significant changes) |
| <input type="checkbox"/> | <input type="checkbox"/> | B. | Insurance Carrier (if "Yes," provide details of why)         |
| <input type="checkbox"/> | <input type="checkbox"/> | C. | The departure or hiring of Key Individuals                   |

16. Check all answers that describe the content of your company's safety and health training:

- | Yes                      | No                       |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. | Employees complete safety and health-related training to meet regulatory requirements for the work scope they perform. (If "Yes," describe specific training.) |
| <input type="checkbox"/> | <input type="checkbox"/> | B. | Select crew leaders and employees complete advanced training beyond regulatory requirements. (If "Yes," describe specific safety training.)                    |
| <input type="checkbox"/> | <input type="checkbox"/> | C. | Basic safety and health training provided complies with all local regulations and consensus standards.   |
| <input type="checkbox"/> | <input type="checkbox"/> | D. | No safety and health training is routinely provided.   |

17a. Documentation of basic safety and health training exists in the form of:

- | Yes                      | No                       |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A. | External licenses and certificates issued by governments, professional organizations, trade associations, or other recognized authority. (If "Yes," attach an example of certificate issued by a recognized authority.) |
| <input type="checkbox"/> | <input type="checkbox"/> | B. | A combination of external and internal certifications.  |
| <input type="checkbox"/> | <input type="checkbox"/> | C. | Internal certifications and records.  |

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17b. Competent Persons are designed by:

Yes No

- A. Careful examination of documented formal and informal training, experience, and the individual's value of safety-before-production; with a heavy weighting on the individual's value of safety-before-production. Formal documentation is completed.
- B. A combination of training and experience; documentation is not always done.
- C. Informal means.

18. What percent of the workforce has been working in the industry for 1 year or more? (Do not include subcontractors.)

- A. 76 – 100%
- B. 51 – 75%
- C. 26 – 50%
- D. 0 – 25%

Optional Comments:

19. Your company has a lead person-to-crew ratio of:

*(A lead person is one who is responsible for crew and completion of tasks.)*

- A. Less than or equal to 1 to 7
- B. Between 1 to 8 and 1 to 15
- C. Between 1 to 12 and 1 to 25
- D. Greater than 1 to 25

Optional Comments:

20. The criteria used to qualify safety and health trainer is established by:

Yes No

- A. External training and certifications from governments, professional organizations, trade associations, or other recognized authority. (If "Yes," describe qualifications.)
- B. A combination of internal and external certifications.
- C. Internal training and certifications. (If "Yes," describe.)

21a. Safety and health meetings are held:

- A. Daily
- B. Weekly when work is for longer than 1 week
- C. As needed
- D. None

Optional Comments:

21b. Safety and health and scheduling/coordination meetings with subcontractors are held:

- A. Daily
- B. Weekly when work is for longer than 1 week
- C. As needed
- D. No subcontractor used

Optional Comments:

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22. Indicate all that apply to your company's substance abuse program.

Yes      No

- A1. Substance abuse is monitored using random tests.
- A2. Substance abuse is monitored by crew leaders trained in substance abuse recognition.
- B. Substance abuse is monitored using substance tests for cause or post incident.
- C. No company substance abuse program.

Optional Comments:

23. Your company audits and documents job safety and health conditions or job safety and health performance at the rate of:

- A. Daily (attach written results from a safety audit).
- B. Weekly (attach written results from a safety audit).
- C. Monthly (attach written results from a safety audit).
- D. Does not audit these.

Optional Comments:

24. How often does the owner or company's senior management review the safety and health performance of work crews by walking down the worksite:

- A. Weekly
- B. Monthly
- C. Quarterly
- D. Annually
- E. Other: \_\_\_\_\_

Explain:

25. Indicate all of the following that have occurred within the last 5 years to any personnel employed or subcontracted by your company while working:

Yes      No

- A. A serious or disabling occupationally related injury. Examples include excavation or trench collapse, scaffold failure, confined space entry incident, mobile equipment rollover, or contact with electricity. (If "Yes," attach details of the injury, the cause, and the implemented corrective actions.)
- B. A serious or disabling occupationally related injury due to ergonomic factors. Examples of activities include lifting, pulling, bending, reaching, and vibration resulting in strains or sprains. (If "Yes," attach details of the injury, the cause, and the implemented corrective actions.)
- C. A fatality occurred to anyone, including any personnel, visitor, member of the public, or any other person due to any circumstances controlled by your company. (If "Yes," attach details of the injury, the cause, and the implemented corrective actions.)

26a. Does a government agency, or any other group such as an insurance carrier, require a log, record, or similar document of reportable work-related injuries or illnesses? Examples are OSHA/MSHA Logs, workers' compensation insurance claims reports, insurance register of accidents, HAS report, and RIDDOR.

Yes      No

- If "Yes," attach copies of logs or summaries (e.g., OSHA 300 or 300A) for the last 3 FULL years.

26b. Document the total number of hours worked by all employees – full-time, part-time, temporary, etc. – in each of the past 3 FULL years.

(year)                      (total of all hours worked)

Optional Comments:

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27. Does your company have a motor vehicle safety program?
- A. Yes, formal and documented, including inspections and maintenance (includes documentation of)
  - B. Yes, informal – may/may not include documentation of inspections/maintenance
  - C. No
28. Does your company have an active recognition/incentive program? An active disciplinary program?
- A. Yes, both – both are formal/documented, apply to all employees equally
  - B1. Yes – recognition, formal/documented
  - B2. Yes – disciplinary, formal/documented
  - C. Yes – informal
  - D. No (or inactive)
29. Did your company receive any willful, serious, repeat, or criminal citations for alleged health or safety infractions in the last 3 years that involved:
- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Work at a customer's site, but no injuries or fatalities occurred? (If "Yes," describe.)                |
| <input type="checkbox"/> | <input type="checkbox"/> | Work at a customer's site where injuries or fatalities occurred: (If "Yes," describe.)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any work other than at a customer's site, but no injuries or fatalities occurred? (If "Yes," describe.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Any work other than at a customer's site where injuries or fatalities occurred? (If "Yes," describe.)   |
30. How long have you been insured by your current workers' compensation carrier? Attach a statement on carrier's letterhead that specifies your company's EMR (aka, risk rating by some carriers).
- A. More than 10 years
  - B. More than 5 years
  - C. 1 to 5 years
  - D. 1 year or less
31. Explain how your company flows safety and health requirements down to sub-/lower-tier contractors:
32. Has your company worked on a CHPRC Project since October 1, 2008?
- A. Routinely (more than 3 times)
  - B. Periodically (2 or 3 times)
  - C. Once or never before
- List 3 CHPRC locations, the CHPRC contact, dates worked, and scope of past work (where applicable):
1. Location: \_\_\_\_\_  
 CHPRC Contact: \_\_\_\_\_  
 Dates Worked: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_
  2. Location \_\_\_\_\_  
 CHPRC Contact: \_\_\_\_\_  
 Dates Worked: \_\_\_\_\_  
 Scope of Work: \_\_\_\_\_

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3. Location \_\_\_\_\_  
CHPRC Contact: \_\_\_\_\_  
Dates Worked: \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

## CHPRC OCCUPATIONAL SAFETY AND INDUSTRIAL HEALTH PREQUALIFICATION

Completed By: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

By signing below, I certify that all statements provided herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete and send this form with all attachments by fax, email, or regular mail to the contact person for your contract/prospective contract. **Also**, print the last page only and sign and date it on the specified line. Fax or scan and email this page to the contact person for your contract/prospective contract.