

CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE (UNITED STATES)

Construction Safety
Management System
CSMS004.1-A-USA
(December 2007)

SECTION A - GENERAL INFORMATION

Company's Legal Name:

Mailing Address:

Remittance Address:

City:

City:

State:

Zip Code:

State:

Zip Code:

Phone:

Fax:

MSHA Legal ID (if applicable):

Contact Personnel	Name & Title	Telephone Number	Email Address
Project Manager			
H&S Contact			

ORGANIZATION

Check all that apply:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Construction
<input type="checkbox"/> Engineering/Design | <input type="checkbox"/> Goods
<input type="checkbox"/> Electrical | <input type="checkbox"/> Civil
<input type="checkbox"/> Maintenance | <input type="checkbox"/> Personnel and Resources |
|--|---|--|--|

Describe any Services Performed:

List types of work normally performed by your Company, that are also sub-contracted to others:

SECTION B – HEALTH and SAFETY MANAGEMENT

Do you have a full-time company H & S representative? Yes ☐ No ☐

Name:

Telephone No:

Fax No:

Email Address:

Does your Company have Worker's Compensation Insurance? Yes ☐ No ☐
(please provide current letter of clearance)

Does your Company have General Liability Insurance? Yes ☐ No ☐
(please provide insurance certificate from Insurance provider)

Does your Company participate in the VPP Program? Yes ☐ No ☐
(please provide copy of certificate)

Does your Company have a Drug & Alcohol Policy? Yes ☐ No ☐
If yes, does it include the following?

- Work rules that prohibit & procedures to deal with impairment by alcohol, drugs and medication in the workplace. Yes ☐ No ☐
- Employee's/sub-contractor's responsibility to be free from impairment while on duty. Yes ☐ No ☐
- Alcohol & Drug testing of employee's/sub-contractors for reasonable cause, post incident Yes ☐ No ☐

NOTIFIABLE INCIDENTS & DANGEROUS OCCURANCES

Has any employee from your Company ever been barred from working on any site due to a H & S violation? Yes ☐ No ☐
If Yes, please provide details:

Has the Occupational Health & Safety regulator (I.e MSHA or OSHA) in the past three (3) years ever had cause to investigate your worksite? (not including routine inspections) If yes, provide details on separate sheet Yes ☐ No ☐

Has your Company suffered any notifiable incidents in the last five (5) years (safety, occupational health)? Yes ☐ No ☐
If Yes, please provide details including dates, most frequent types, causes and follow-up preventative measures taken:

HEALTH & SAFETY STATISTICAL INFORMATION (Continued)

Please provide the following information for the previous three (3) calendar years:	200_	200_	200_
a. Total number of Fatality Cases			
b. Total number of Lost Workday Cases			
c. Total number of Lost Work Days			
d. Total number of Restricted Workday Cases			
e. Total number of Medical Treatment Cases			
f. Total number of First Aid Cases			
g. Total number of Employee Hours Worked			
h. Total Recordable Injury Frequency Rate <i>(Items a+b+d+e x 200,000) / (Item g)</i>			
i. Lost Time Frequency Rate <i>(Item b x 200,000) / (Item g)</i>			
j. Severity Rate <i>(Item c x 200,000) / (Item g)</i>			

WCB INFORMATION	
WCB Account Number:	Industry Classification Code:
Please provide the following information for the previous three (3) calendar years:	200_ 200_ 200_
Industry Base Rate	
Your Company's Experience Rate (EMR or equivalent)	

SECTION C – HEALTH & SAFETY PROGRAM

Do you have a documented H & S Management Program? (please provide a copy of table of contents)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the program cover the following?					
• Accountabilities and responsibilities for managers/supervisors/employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
• Employee participation	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
• Management commitment and expectations	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
• Periodic H & S performance appraisals for all employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
• Procedure to address employees' H & S performance deficiencies	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
• Resources for meeting H & S requirements	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

STANDARDS, RULES AND PROCEDURES			
Does the program include work practices/procedures for the following?			
• Housekeeping/Planned Inspections	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Early and Safety Return to Work Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Near Miss Reporting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Accident/Incident Reporting and Investigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Emergency Preparedness Plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Fall Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Personal Protective Equipment (PPE)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Ground Disturbance/Excavation/Trenching	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Confined Space Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Hot Work Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Electrical Safety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Hand Tools (Manual, Power)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Powered Industrial Vehicles (Cranes, Forklifts, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Elevated Man lifts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

STANDARDS, RULES AND PROCEDURES (Continued)			
• Manual Lifting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Mechanical Lifting & Hoisting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Working at Heights (Fall protection/prevention)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Hazard Communication (HazCom)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Do you get Client's approval before bringing controlled products on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Compressed Gas Cylinder Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Bulk Handling & Loading	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Chemical Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Hazardous Waste Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Equipment Lockout and Tag Out (Zero Energy)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
• Hazard Recognition and Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
TRAINING AND COMPETENCY			
HS&E Orientation Program	New Hires	Supervisors	
Do you have an H & S Management Orientation Program for new hires and newly hired or promoted supervisors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your training program meet the requirements of 30 CFR (Subpart 46/48)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this program cover the following?			
• Accident/Incident Investigation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Emergency Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Fire Protection and Prevention	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• First Aid and CPR Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Hazard Assessments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Personal Protective Equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Electrical Hazards	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Rights/Refusal to Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Safe Work Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Supervisor's Authority/Responsibilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Hazard Meeting/Toolbox Meetings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• HazCom	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long is the orientation program?	Hours	Hours	
• Have employees been trained in the appropriate job skills?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Are employees' job skills certified, where required by regulatory or industry standards?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
• List crafts (trades) that have been certified (Licensed):			
How does your Company communicate your HSE goals and targets to:			
a) your Supervisors:			
b) your Employees:			
Does your Company provide supervisor leadership training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Training Records			
• Do you maintain H & S training records for employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• Do you track records to ensure training is current?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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TRAINING AND COMPETENCY (Continued)

- Do the training records include the Date of Training, Employee's Name, and Name of Trainer? Yes ☐ No ☐
- How is understanding of the training verified? *(Check all that apply)*
 - ☐ Job Monitoring ☐ Performance Test
 - ☐ Oral Test ☐ Written Test ☐ Other (List)
- Does your company conduct annual refresher training in compliance with 30 CFR (Subpart 46/48)? Yes ☐ No ☐

MEDICAL REQUIREMENTS

Does your company have a medical surveillance program? Yes ☐ No ☐ *(if no, skip to next section)*

Are your Company employees required to go for medical examinations for?

- Hearing Yes ☐ No ☐
- Pre-employment Medicals Yes ☐ No ☐
- Pulmonary function testing Yes ☐ No ☐
- Vision Yes ☐ No ☐
- Chest X-rays Yes ☐ No ☐

Does your Company have written work practices for the following?

- Hearing Conservation Testing Yes ☐ No ☐ N/A ☐
- Respiratory Protection -
- Where applicable, have employees been:
 - Mask Fit Tested Yes ☐ No ☐
 - Trained in use of Respiratory Protection Yes ☐ No ☐
 - Medically approved for the use of Respiratory Protection Yes ☐ No ☐

EQUIPMENT CONTROL AND MATERIALS

Personal Protective Equipment (PPE)

- Is applicable PPE provided to employees? Yes ☐ No ☐
- Is training in the PPE given to employees? Yes ☐ No ☐
- Do you have a program to ensure PPE is inspected and maintained? Yes ☐ No ☐
- Is the importance of wearing PPE explained to employees? Yes ☐ No ☐

Equipment and Materials

- Does your Company have a procedure to ensure that tools and equipment used within your premises or at the worksite are controlled and maintained in a safe working condition? Yes ☐ No ☐ N/A ☐
- Do you have a system to establish health and safety specifications for acquisition of materials and equipment? Yes ☐ No ☐ N/A ☐
- Do you have a list of equipment (e.g., cranes, forklifts etc.) and the training provided to operate such equipment? Yes ☐ No ☐ N/A ☐
- Do you inspect equipment (e.g., cranes, forklifts etc.) to comply with regulatory requirements? Yes ☐ No ☐ N/A ☐
- Do you maintain relevant inspection and maintenance certification records for operating equipment? Yes ☐ No ☐ N/A ☐
- Do you maintain operating equipment in compliance with OEM specifications? Yes ☐ No ☐ N/A ☐

AUDITS AND INCIDENT INVESTIGATION

HS&E Inspections and Audits

- Are H & S inspections conducted within your Company and at work sites? Yes ☐ No ☐
- Are H & S Management Program audits conducted in your Company? Yes ☐ No ☐
- Are corrections of H & S deficiencies documented? Yes ☐ No ☐
- How do you track correction of any identified deficiencies?

- Does your Company investigate:
 - First Aid Incidents Yes ☐ No ☐
 - Medical Treatment Incidents Yes ☐ No ☐
 - Asset Loss Incidents Yes ☐ No ☐
 - Near Miss Incidents Yes ☐ No ☐

- Who normally conducts the Incident Investigation? *(Provide a copy of a completed Incident Investigation Report. Any Confidential information should be marked out.)*

- How are Incidents reviewed to prevent future occurrences?

- Explain your Company's process for investigation; include any root cause analysis techniques.

MEETINGS

HS&E Meetings - check which meetings are done at your Company:

Conducted by (Title)

Documented

General Worker Meeting	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Tailgate/Shift/Pre-job Meetings	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Shop/Office Meetings	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Joint Health and Safety Meetings	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

What is your process for handling action items from these meetings?

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RECOGNITION

Has your Company received any recognition for H & S performance? Yes ☐ No ☐

If yes, explain:

SUB-CONTRACTORS

Sub-contractors (If no sub-contractors are involved, mark N/A and skip this question) N/A ☐

• As part of the selection process do you evaluate the ability of sub-contractors to comply with applicable H & S requirements? Yes ☐ No ☐ N/A ☐

• How does your Company monitor sub-contractors H & S performance at the worksite? Yes ☐ No ☐ N/A ☐

Do you include your subcontractors in?

• Audits Yes ☐ No ☐ N/A ☐

• H & S Meetings Yes ☐ No ☐ N/A ☐

• H & S Orientation Yes ☐ No ☐ N/A ☐

• Inspections Yes ☐ No ☐ N/A ☐

• Do your sub-contractors have written H & S Management Programs? Yes ☐ No ☐ N/A ☐

How does your Company track and investigate sub-contractors incidents (LWC, MTC, RWC, VA, FA on your worksites?

I declare that the information provided on this questionnaire is true and correct to the best of my knowledge and open to review by Unimin:

Name and Position of person who completed this questionnaire:

Signature

Date