**INSTRUCTIONS:**

* Complete each item below as the scope of the questionnaire is applicable to construction, maintenance and repair.
* An incomplete questionnaire could affect your acceptance.

|  |  |
| --- | --- |
| COMPANY NAME:       | SIC/NAICS:       |
| COMPANY ADDRESS:       |
| CITY:       | STATE:        | ZIP CODE:       |
| TITLE OF THE SAFETY/HEALTH PROFESSIONAL IN THE COMPANY:       |
| TELEPHONE:       | EMAIL:       | FAX:       |
| CURRENT NUMBER OF FULL TIME EMPLOYEES:       | CURRENT NUMBER OF CONTRACT EMPLOYEES:       |

**OSHA 300 SAFETY INFORMATION (Local Office who will be conducting contract work at NGSC)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **THREE YEARS PRIOR** | **TWO YEARS PRIOR** | **LAST YEAR** |
| Number of Fatalities |       |       |       |
| Number of Recordable Cases |       |       |       |
| OSHA Recordable Incident Rate1 |       |       |       |
| Number of DART Cases |       |       |       |
| DART Rate2 |       |       |       |
| Total Labor Hours Worked3 |       |       |       |
| ***PLEASE PROVIDE COPIES OF YOUR OSHA 300 LOG OF WORK RELATED INJURIES AND INJURIES AND ILLNESSES AND OSHA 300A SUMMARY OF WORK RELATED INJURIES AND ILLNESS FOR THE PREVIOUS 3 YEARS*** |

1Incident Rate = No of OSHA Recordable Cases x 200,000

 Total Labor Hours Worked

2DART Cases: The total number of cases that had one or more Lost Days, one or more Restricted Days or resulted in an employee transferring to a different job within the company.

DART Rate = No of DART Cases x 200,000

 Total Labor Hours Worked

3Include the total hours for employees and contract employees you supervise.

**EXPERIENCE MODIFICATION RATE (EMR)**

|  |  |  |
| --- | --- | --- |
| **THREE YEARS PRIOR** | **TWO YEARS PRIOR** | **LAST YEAR** |
|       |       |       |
| ***PLEASE PROVIDE A LETTER FROM YOUR INSURANCE CARRIER. IF SELF-INSURED, PROVIDE LETTER INDICATING SELF-INSURED.*** |

**COMPLIANCE**

|  |  |
| --- | --- |
| **Has your company received any OSHA/SCAQMD/Fire citations in the last 3 years? *If yes, please attach a copy(ies).*** | [ ]  Yes [ ]  No |
| **Does your company have an existing alcohol/substance abuse program?**  | [ ]  Yes [ ]  No |
| **Does your company have a Code of Safe Practices?**  ***If yes, please attach a copy.*** | [ ]  Yes [ ]  No |
| **Does your company use chemicals to complete a task?** | [ ]  Yes [ ]  No |
| **Does your company conduct tool-box or tailgate safety meetings?** **If yes, what is the frequency?**       | [ ]  Yes [ ]  No |
| **Will your company conduct environmental safety inspections at our site?**  ***If yes, please attach an example in the last year.*****If yes, who would receive a copy?**      **Provide your companies corrective action “if” a trained employee was observed standing on the top step of an A-frame ladder:**       **“If” an employee field environmental safety performance is observed to be exceptional, how is he/she typically recognized?**        | [ ]  Yes [ ]  No |
| **Does your company prepare Job Safety and/or Hazard Analysis prior to conducting a task?**  ***If yes, please attach an example in the last year.*** | [ ]  Yes [ ]  No |
| **Will you subcontract the work to any other company?****If yes, identical compliance information must be provided from your subcontractor(s) in which you supervise.**  | [ ]  Yes [ ]  No |

**PROGRAMS AND TRAINING**

**Does your company have a safety manual covering the following procedures and are all employees trained on the procedures who will be conducting work on NGSC?**

 ***If yes, please provide records on request.***

|  |  |  |
| --- | --- | --- |
| **TOPIC** | **WRITTEN PROCEDURE** | **TRAINED** |
| Aerial Lift and/or Elevated Lift | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Bloodborne Pathogens | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Confined Space | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Crane Lifts - mobile, fixed, and/or helicopter  | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Electrical Safety - Lockout/Tagout and Energized work if applicable | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Ergonomics - Safe Lifting | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Excavation, Trenching and Shoring | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Fall Protection | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Fire Extinguisher | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Hazard Communication - handling chemicals | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Hearing Conservation | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Hot Work – cutting and welding | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Industrial Truck – forklifts | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Ladders – A-Frame, extension and other portable ladders | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Personal Protective Equipment – safety glasses, face shield, gloves etc. | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Respiratory Protection | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Scaffolding | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |
| Tools – manual, electric, pneumatic, and or powder actuated | [ ]  Yes [ ]  No [ ]  NA | [ ]  Yes [ ]  No [ ]  NA |

|  |  |
| --- | --- |
| **Does your company have an Injury and Illness Prevention Program (IIPP)?**  **If yes, briefly describe method of communicating the IIPP to field employees:**       | [ ]  Yes [ ]  No [ ]  NA |
| **Have “all” superintendents assigned to NGSC been trained and designated by your company as competent in the following topics:** **CA OSHA/SCAQMD/EPA Regulations - applicable to the project scope** | [ ]  Yes [ ]  No |
|  **Recognizing and controlling hazards** | [ ]  Yes [ ]  No |
|  **Evaluating and selecting safe work practices** | [ ]  Yes [ ]  No |
|  **Leading incident investigations and preparing reports** | [ ]  Yes [ ]  No |
|  **Providing emergency care such as First Aid/CPR/AED** | [ ]  Yes [ ]  No |
|  **Preparing job safety analysis** | [ ]  Yes [ ]  No |
|  **Presenting safety topics** | [ ]  Yes [ ]  No |
|  **Conducting site inspections and taking appropriate corrective actions** | [ ]  Yes [ ]  No |

**REQUIRED ATTACMENTS**

[ ]  Provide 1) **OSHA 300 Log of Work Related Injuries and Injuries and 2) 300A Summary of Work Related Injuries and Illness for the previous 3 years from the local office conducting the work at NGSC.**

**[ ]  Provide a letter from your insurance carrier of your EMR for the previous 3 years. Otherwise, provide a letter to justify for not compiling EMRs.**

**[ ]  Provide any OSHA/SCAQMD/Fire citations in the last 3 years.**

**[ ]  Provide a copy of your Code of Safe Practices.**

**[ ]  Provide an example of an Environmental Safety Inspection completed in the last year.**

**[ ]  Provide an example of a Job Hazard or Job Safety Analysis completed in the last year.**

By signing as the company representative, you are certifying the foregoing information is an accurate representation of your company records. If selected as an NGSC contract representative, your employees will be expected to comply with the environmental safety procedures at the site.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |       | Supplier: |       |
|  |  |  |  |
|  |  | By: |  |
|  |  |  | (Signature) |
|  |  | Name: |       (Typed) |
|  |  | Title: |       (Typed) |