

**SPACE SYSTEMS
ENVIRONMENTAL, SAFETY, HEALTH & MEDICAL (ESH&M)
CONTRACTOR/SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE**



COMPANY NAME	DATE
ADDRESS	NAICS CODE
	WEBSITE

GENERAL CATEGORIES OF WORK FOR WHICH COMPANY WISHES TO BE CONSIDERED

**INFORMATION FROM LOG OF WORK-RELATED INJURIES AND ILLNESSES (OSHA'S FORM 300)
(Provide information for the local office to be considered for work at Northrop Grumman)**

CATEGORY	THREE YEARS PRIOR	TWO YEARS PRIOR	LAST YEAR
Number of Fatalities			
Number of Recordable Cases			
OSHA Recordable Incident Rate			
Number of DART Cases			
DART Rate			
Total Labor Hours Worked			

EXPERIENCE MODIFICATION RATING (EMR) FROM INSURANCE CARRIER

CATEGORY	THREE YEARS PRIOR	TWO YEARS PRIOR	LAST YEAR
EMR			

PROGRAMS AND TRAINING (CHECK ALL THAT APPLY)
Does the company have written procedures covering the following topics and will all employees assigned to work on Northrop Grumman properties be trained to adhere to that program, as applicable?

TOPIC	WRITTEN PROCEDURE	TRAINED
Aerial Lift and/or Elevated Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Bloodborne Pathogens	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Confined Space	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Crane Lifts – Mobile, Fixed, and/or Helicopter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Electrical Safety including Lockout/Tagout	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Ergonomics – Safe Lifting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Excavation, Trenching and Shoring	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Fall Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Fire Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Hand and Power Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Hazard Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Hearing Conservation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Hot Work – Cutting and Welding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Ladders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Personal Protective Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Powered Industrial Trucks – Forklifts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Scaffolding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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REQUIRED ATTACHMENTS (PROVIDE ITEMS AS LISTED BELOW)

- 300A Summary of Work Related Injuries and Illness for the previous 3 years from the local office conducting work at Northrop Grumman sites.
- Provide a letter from your insurance carrier containing your EMR for the previous 3 years. Otherwise, provide a letter to justify not compiling EMR's.
- Provide copy of any Federal, State or Local environmental/safety citations within the last 3 years.
- Provide an example of a Site Environmental/Safety Inspection completed within the last year.
- Provide an example of an Incident/Accident Investigation completed within the last year.

OWNER/AUTHORIZED REPRESENTATIVE

I certify that the above provided information is an accurate representation of our company's environmental and safety qualifications and performance. I certify that all employees (direct and sub-contracted) assigned to any work on any Northrop Grumman contract will be competent and proficient on the basis of appropriate education, training, and experience for the tasks assigned to them. I understand that all employees (direct and sub-contracted) will be expected to comply with all environmental and safety requirements at the site where they are assigned to work. I understand that violations of site requirements will require corrective action, are subject to stop work orders, and can impact future procurement opportunities.

OWNER/AUTHORIZED REPRESENTATIVE CERTIFYING SIGNATURE	DATE
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OWNER/AUTHORIZED REPRESENTATIVE NAME	TITLE
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OWNER/AUTHORIZED REPRESENTATIVE EMAIL ADDRESS

ESHM USE ONLY

OUTCOME: APPROVED DENIED REASON (IF DENIED):

REVIEWED BY	DATE
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SIGNATURE