

CONTRACTOR OCCUPATIONAL SAFETY AND INDUSTRIAL HYGIENE PRE-QUALIFICATION FORM

The attached Pre-Qualification Form provides Central Plateau Cleanup Company (CPCCo) with a basic summary of the offeror'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 CPCCo 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 CPCCo "point of contact" for the contract/proposed contract as a single submittal. Upon completion of the submittal evaluation, the offeror will be advised of results.

The following is a checklist of documents that MUST BE ATTACHED TO the safety pre-qualification:

- A letter from the offeror's Workers' Compensation carrier stating the offeror'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: Questions 26a*)
- The Table of Contents from the offeror'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*)

**CONTRACTOR OCCUPATIONAL SAFETY AND INDUSTRIAL HYGIENE
PRE-QUALIFICATION FORM (Continued)**

ANSWER ALL QUESTIONS

1. Enter date this is completed in yyyy-mm-dd:
2. Legal Name of Company:
3. Operating Name of Company (*if different*):
- 4a. Government/Tax ID Number:
- 4b. 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. Select the one category that best describes services offered by your company and list below:
 1. Concrete / Masonry Contractor
 2. Drilling / Excavation / Trenching
 3. Electrical Contractor
 4. General / Building Contractor
 5. Glass Installation / Maintenance
 6. Mining / Exploration Contractor
 7. Painting / Wall Covering Contractor
 8. Plumbing / Heating / Air Conditioning
 9. Public Utilities Contractor
 10. Roadway / Highway Contractor
 11. Roofing / Siding / Sheet Metal
 12. Site Preparation / Demolition Contractor
 13. Other Specialty Site Contractor
 14. Structural Steel Erection
 15. Administrative and Employment Support Services
 16. Equipment Repair and Maintenance Services
 17. Food Preparation / Distribution Services
 18. Furnace / Oven Services
 19. Janitorial / Cleaning Services
 20. Landscaping or Pest Control Services
 21. Machine Shop Services
 22. Material Handling Equipment Services
 23. Professional / Scientific / Tech / Environmental Services
 24. Suppliers of Machinery / Equipment / Goods Services
 25. Telecommunication Services
 26. Transportation / Trucking / Hauling Services
 27. Uniform Cleaning and Laundry Services
 28. Waste Collection, Treatment, and Disposal Services
 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:

- 11a. 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? (*check only one*)
 - A. Yes (*attach examples*)
 - B. Sometimes
 - C. No

Explain your company's process to eliminate safety hazards:

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ANSWER ALL QUESTIONS

- 11b. Does your company have a written safety and health program? **Yes** **No**
12. At what frequency does your company conduct and document safety activities such as safety and health inspections or safety and health orientations? *(check all that apply)*
- | | |
|--|---|
| 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:
13. Which of the following participate in the investigation of significant incidents or accidents? *(check all who participate)*
- A. Owner or Senior Management
 - B. Middle Management
 - C. Lead Person
 - D. Other:
14. Which of the following changed for your company in the last 3 years? *(Check all that apply)*
- A. Ownership *(if checked, provide details of significant changes)*
 - B. Insurance Carrier *(if checked, provide details of why)*
 - C. The departure or hiring of Key Individuals *(if checked, provide details)*
15. Check all statements that describe the content of your company's safety and health training:
- A. Employees complete safety and health-related training to meet regulatory requirements for the work scope they perform. *(if checked, describe specific training)*
 - B. Select crew leaders and employees complete advanced training beyond regulatory requirements. *(if checked, describe specific safety training)*
 - C. Basic safety and health training provided complies with all local regulations and consensus standards.
 - D. No safety and health training is routinely provided.
- 16a. Documentation of basic safety and health training exists in the form of *(check all that apply)*
- 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.)*
 - B. A combination of external and internal certifications.
 - C. Internal certifications and records.

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ANSWER ALL QUESTIONS

16b. Competent Persons are designated by: *(check only one)*

- 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.

17. What percent of the workforce has been working in the industry for 1 year or more? *(check only one, do not include subcontractors)*

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

Optional Comments:

18. Your company has a lead person-to-crew ratio of: *(check only one, 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:

19. The criteria used to qualify safety and health trainer is established by: *(check all that apply)*

- 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.)*

20a. Safety and health meetings are held: *(check all that apply)* 20b. Safety and health and scheduling/coordination meetings with subcontractors are held: *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> A. Daily | <input type="checkbox"/> A. Daily |
| <input type="checkbox"/> B. Weekly when work is for longer than 1 week | <input type="checkbox"/> B. Weekly when work is for longer than 1 week |
| <input type="checkbox"/> C. As needed | <input type="checkbox"/> C. As needed |
| <input type="checkbox"/> D. None | <input type="checkbox"/> D. None |

Optional Comments:

Optional Comments:

**CONTRACTOR OCCUPATIONAL SAFETY AND INDUSTRIAL HYGIENE
PRE-QUALIFICATION FORM (Continued)**

ANSWER ALL QUESTIONS

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

- 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:

22. Your company audits and documents job safety and health conditions or job safety and health performance at the rate of: *(check all that apply)*

- 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:

23. How often does the owner or company's senior management review the safety and health performance of work crews by walking down the worksite: *(check all that apply)*

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

Explain:

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

- 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.)*

25a. 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.

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ANSWER ALL QUESTIONS

25b. 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:

26. Does your company have a motor vehicle safety program? *(check only one)*

- 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

27. Does your company have an active recognition/incentive program and/or an active disciplinary program? *(check all that apply)*

- 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)*

28. 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**
 Work at a customer's site, but no injuries or fatalities occurred? *(If "Yes," describe.)*

Yes **No**
 Work at a customer's site where injuries or fatalities occurred? *(If "Yes," describe.)*

Yes **No**
 Any work other than at a customer's site, but no injuries or fatalities occurred? *(If "Yes" describe.)*

Yes **No**
 Any work other than at a customer's site where injuries or fatalities occurred? *(If "Yes" describe.)*

29. How long have you been insured by your current workers' compensation carrier? *(check only one)* 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

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ANSWER ALL QUESTIONS

30. Explain how your company flows safety and health requirements down to sub-/lower-tier contractors:

31. Has your company work on a CPCCo project since January 25, 2021?

- A. Routinely (*more than 3 times*)
- B. Periodically (*2 or 3 times*)
- C. Once or never before

If available, list up to 3 CPCCO locations, the CPCCo contract, dates worked, and scope of past work:

1. Location: _____
CPCCo Contract: _____
Dates Worked: _____
Scope of Work: _____
2. Location: _____
CPCCo Contract: _____
Dates Worked: _____
Scope of Work: _____
3. Location: _____
CPCCo Contract: _____
Dates Worked: _____
Scope of Work: _____

Completed By:

Company Name:

Title:

Phone Number:

Email Address:

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

_____ *Print First and Last Name*

_____ *Signature / Date*

Complete and send this form with all attachments by mail or email to the contact person for your contract/prospective contract.