

CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE

CONTRACTOR TRADE NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE () _____

NAME OF PERSON IN CHARGE: _____ FAX # () _____

E-MAIL ADDRESS _____ MSHA ID NUMBER (IF APPLICABLE) _____

NUMBER OF EMPLOYEES _____ YEARS IN BUSINESS _____

A. List your firm's Worker's Compensation Insurance – Experience Modification Rate (EMR)

Year	EMR	INSURANCE CARRIER	POLICY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please provide the following information to help us evaluate your injury experience during each of the preceding 3 years.

Year	# of Lost Workday Cases	# of Medical Treatment Cases	# Fatalities	Total # Injuries & Illnesses	Total Work Hours	Total Case Incident Rate
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MSHA CASES

OSHA CASES

Incident Rate (IR)= $\frac{\text{Number of reportable cases (as defined by 30CFR Part 50 x 200,000)}}{\text{Number of Hours Worked}}$

C. Employee hours worked last year (do not include non-work time) _____

D. Type of work performed as mine _____

E. Are Accident reports (OSHA 300 and/or MSHA 700-2) and report summaries provided to

	No	Yes	Monthly	Quarterly	Annually
Foreman	_____	_____	_____	_____	_____
Field Super	_____	_____	_____	_____	_____
President	_____	_____	_____	_____	_____

F. If your firm does not complete an OSHA 200 log and/or MSHA 7000-2 form, explain why.

G. Do you hold site safety meetings? ____ Yes ____ No How often _____.

H. Do you conduct safety inspections? _____ Yes _____ No How often _____
Who conducts inspections (title) _____ How often _____

I. Do you have a written safety program? _____ Yes _____ No
Is it available for review? _____ Yes _____ No

J. Do you conduct employee noise sampling? _____ Yes _____ No
Employee Dust Sampling? _____ Yes _____ No
Are results of employee noise and dust sampling available for review? _____ Yes _____ No

K. Have your employees received MSHA training? _____ Yes _____ No
Is the 5000-23 or equivalent form available for review? _____ Yes _____ No
Have your employees received OSHA training? _____ Yes _____ No
Is training documentation readily available for review? _____ Yes _____ No

K. Does your safety program address the following;

	Yes	No
Foot Protection	_____	_____
Head Protection	_____	_____
Eye Protection	_____	_____
Respiratory Protection	_____	_____
Pre-Shift Mobile Equipment	_____	_____
Work Area Inspections	_____	_____
Safety Belts and Lines	_____	_____
Scaffolding	_____	_____
Housekeeping	_____	_____
Fire Protection	_____	_____
First Aid	_____	_____
Hazard Communications	_____	_____
Emergency Procedures	_____	_____
Signs, Barricading, and Flagging	_____	_____
Perimeter Guarding	_____	_____
Rigging and Crane Safety	_____	_____
Confined Space Entry	_____	_____
Personal Protective Equipment	_____	_____

M. Do you have a safety-training program for new hires? _____ Yes _____ No
Do you have a safety-training program for new foreman? _____ Yes _____ No

N. Do you hold craft "toolbox" safety meetings? _____ Yes _____ No
If so, indicate frequency _____

O. Are any of your employees certified as Hazardous Waste Operations and Emergency Response Workers (HAZWOPER) _____ Yes _____ No

P. Are any of your employees certified in First Aid? _____ Yes _____ No

P. Does your company test for alcohol and/or illegal drug use? _____ Yes _____ No
If yes, indicate basis for testing (i.e., random, post accident, etc.) _____

Name of person completing Form _____ Phone _____ Fax _____

Title _____ Years with Company _____