



CONTRACTOR SAFETY AND HEALTH PROGRAM QUESTIONNAIRE

Company Name: _____

Company Type (General Contractor, Mechanical, etc.) _____

Contract Name: _____

Contract Number: _____

Address: _____

Telephone No.: _____

Has your company operated under any other name? Yes No
If so, provide name and number of years operated. _____

Has your company performed any work for DC Water in the past? Yes No

If so, under what name? _____

Name of Contract _____ Contract Number _____

The year/years performed: From _____ To _____

A. RESOURCES

1. Name of Company Safety and Health Contact: _____

Title: _____

2. Is this a full-time position? Yes No

3. What percent of this person's time is spent on safety and health related matters? _____ %

4. What professional safety and health certifications does this person hold (e.g., CSP, PE, CIH)? _____

5. How many other full-time safety and health representatives are employed by your company? _____

6. Does your company have a written procedure to ensure that adequate safety and health program resources, such as budget, equipment, training, and manpower are **included in each project bid**? Yes No

B. SAFETY AND HEALTH PROGRAM ELEMENTS

1. Does your company have a written safety, health, and accident prevention program (SP)? Yes No

2. Does your company have a written procedure to ensure safety and health issues are preplanned into each project and work operation (e.g., JHAs, JSAs, THAs, checklists, etc.)? Yes No

3. Does your company have a written safety incentive program that will be implemented on this project? Yes No

4. Does your company have a written accident/incident investigation procedure? Yes No



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- If yes, do your written procedures require near-miss incidents to be investigated? Yes No
5. Does your company have a written safety and health training program? Yes No
- If yes, does the program include the following?
- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| New employee/project orientation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Weekly "toolbox" meetings. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Daily job briefings. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supervisor safety training. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Task specific training. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-
6. Does your company have a written procedure to ensure that only employees who are qualified by training and experience are allowed to operate equipment, tools, machinery, and vehicles? Yes No
7. Does your company designate and train competent people as required by the applicable OSHA standards (e.g., excavations, scaffold, erection, etc.)? Yes No
8. Does your company have a written procedure to audit projects to ensure all projects are in compliance with applicable laws, requirements, etc.? Yes No
9. Does your company have a written procedure to screen subcontractors based on their past safety performance? Yes No
10. Does your company have a policy for managing sub-contractors? Yes No
11. Does your company have a contractor prequalification process in place? Yes No
12. Does your company use a screening process to ensure employees are physically able to perform work as assigned? Yes No
13. Does your company conduct accident/incident investigations? Yes No
14. Does your company track leading and lagging indicators? Yes No
15. Does your company provide safety training in the native language of the participants' and provide material in the participants' primary language? Yes No
16. Does your company require OSHA 10 hour for workers and OSHA 30 hour or STS for foreman/supervisor? Yes No

C. DRUG FREE WORKPLACE PROGRAM

1. Does your company have a written Alcohol and drug free workplace program that includes drug testing? Yes No



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2. If the answer to Question 1 is yes, does your written drug free workplace program include the following?
- | | | |
|--|------------------------------|-----------------------------|
| Pre-employment drug and alcohol testing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Post-accident drug and alcohol testing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For cause drug and alcohol testing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Random drug and alcohol testing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supervisor and employee training. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. OSHA CITATIONS

1. Has your company received any Federal or State Plan OSHA citations within the last 10 years? Yes No
2. If the answer to question 1 is yes, how many of each of the following types of citations have you received?
- | | |
|----------------------------------|-------|
| Failure to abate prior violation | _____ |
| Repeat | _____ |
| Willful | _____ |
| Serious | _____ |
| Other than Serious | _____ |

Give a brief description of the nature of the citation(s), or attach a copy of the citation(s).

E. ACCIDENT AND ILLNESS STATISTICS

	2016 Year	2017 Year	2018 Year
1. How many man-hours has your company worked in each of the last 3 years?	_____	_____	_____
2. How many OSHA recordable injuries did your company experience in each of the last 3 years?	_____	_____	_____
3. Based on the below listed formula (a), what are your incident rates for each of the last 3 years? (a) $\frac{\text{Number of injuries and illnesses} \times 200,000}{\text{Man-hours worked}}$	_____	_____	_____
4. How many lost time accidents has your company experienced in each of the last 3 years?	_____	_____	_____
5. Based on the below listed formula (b), what is your lost workday case rate for each of the last 3 years? (b) $\frac{\text{LWDC} \times 200,000}{\text{Man-hours worked}}$	_____	_____	_____
6. How many fatalities has your company experienced in each of the last 3 years?	_____	_____	_____
7. Submit a copy of your OSHA 300A logs for the last 3 years with your completed questionnaire signed by company executive.	_____	_____	_____
8. What are your insurance Experience Modification Rate(EMR)?	_____	_____	_____
8a. Please provide documentation from insurance company.	_____	_____	_____