

**DELAWARE COUNTY
CONTRACTOR PRE-QUALIFICATION QUESTIONNAIRE**

The contents of this questionnaire will be considered confidential and used solely to determine your firm's qualifications. Please return this completed form to:

Delaware County
50 Channing Street
Delaware, Ohio 43015
Attention: Safety Officer
Tel. (740) 833-2409
Fax. (740) 833-2399

1. General Information

Name of Business _____

Street Address _____

Post Office Address _____

City, State, Zip Code _____

Telephone Number _____ Fax Number _____

Workers' Comp Bureau Number _____

Safety Manager _____

**SAFETY, HEALTH AND ENVIRONMENTAL
PRE-QUALIFICATION QUESTIONNAIRE**

Each contractor or subcontractor is required to provide a signed Safety and Accident Prevention Policy. In addition, the following information must be provided

1. Please list your firm's Workers' Compensation Interstate Experience Modification Rate for the most recent three years. Please attach a copy of your insurance agent's verification letter.

199__ _____ 199__ _____ 199__ _____

2. Submit your OSHA 200 Log Information for the Previous Three Years:
Attach Summary Sheet of OSHA 200 Log for Those Years.

Company Statistics Year 19____		Incident Rate Calculation
A. Total Hours Worked	A.	A. Not applicable
B. Number of OSHA Recordable Injuries	B.	B.
C. Number of Lost Workday Cases (Injuries/Illnesses)	C.	C.
D. Number of Lost Workdays	D.	D. Not applicable
E. Number of Fatalities	E.	E.
F. OSHA Willful Violation Citations	F.	F. Not applicable

INCIDENT RATE CALCULATION FORMULA: $\frac{(\text{Number of Incidents}) \times 200,000}{(\text{A}) \text{ Total hours worked}}$

(Add **B**, **C**, **E**, to get the Number of Incidents)

Company Statistics Year 19____		Incident Rate Calculation
A. Total Hours Worked	A.	A. Not applicable
B. Number of OSHA Recordable Injuries	B.	B.
C. Number of Lost Workday Cases (Injuries/Illnesses)	C.	C.
D. Number of Lost Workdays	D.	D. Not applicable
E. Number of Fatalities	E.	E.
F. OSHA Willful Violation Citations	F.	F. Not applicable

INCIDENT RATE CALCULATION FORMULA: $\frac{(\text{Number of Incidents}) \times 200,000}{(\text{A}) \text{ Total hours worked}}$

(Add **B**, **C**, **E**, to get the Number of Incidents)

Company Statistics Year 19____

Incident Rate Calculation

A. Total Hours Worked	A.	A. Not applicable
B. Number of OSHA Recordable Injuries	B.	B.
C. Number of Lost Workday Cases (Injuries/Illnesses)	C.	C.
D. Number of Lost Workdays	D.	D. Not applicable
E. Number of Fatalities	E.	E.
F. OSHA Willful Violation Citations	F.	F. Not applicable

INCIDENT RATE CALCULATION FORMULA: $\frac{(\text{Number of Incidents}) \times 200,000}{(\text{A}) \text{ Total hours worked}}$

(Add B, C, E, to get the Number of Incidents)

How many OSHA citation(s) has your company received in the last three years?

19____ = _____ 19____ = _____ 20____ = _____

Please give a brief description of the citation(s) (use additional paper if required).

3. Please provide a copy of your written corporate safety policy, substance abuse policy, and a short cover letter outlining the type of work your company would perform at Delaware County.

4. Please check which of the following are included in your substance abuse policy:

Pre-hire / Initial Employment testing _____

Probable cause / Reasonable Suspicion testing _____

Post Accident testing _____

Random testing _____

Periodic testing _____

5. Does your company have a new employee orientation? (yes) (no)
 If yes, does it include instruction on the following?

	Yes	No	Video
Pre Task Planning	___	___	___
Head Protection	___	___	___
Eye Protection	___	___	___
Hearing Protection	___	___	___
Respiratory Protection	___	___	___
Fall Protection	___	___	___
Scaffolding	___	___	___
Perimeter Guarding	___	___	___
Housekeeping	___	___	___
Fire Protection	___	___	___
Drug Testing Procedures	___	___	___
Assured Grounding Program	___	___	___
Ground Fault Protection	___	___	___
First Aid	___	___	___
Emergency Procedures	___	___	___
Toxic Substances	___	___	___
Trenching and Excavation	___	___	___
Signs, Barricades, Flagging	___	___	___
Lock Out	___	___	___
Rigging and Crane Safety	___	___	___
Permit	___	___	___
Lead Standard	___	___	___
Confined Space	___	___	___
Silica Standard	___	___	___
Disciplinary Procedures	___	___	___
Accident Reporting Procedures	___	___	___
Hazard Communication	___	___	___

6. Please provide employee training records for the following:
 Respiratory Protection, Fall Protection, Ground Fault Protection, Lock Out, Hot Work, Confined Space
 and Hazard Communication.

7. Does your company have a full time Corporate Safety Director / Manager / Officer? (yes) (no)

8. Does your company utilize a safety consultant? (yes) (no)

Representative Organization: _____

Phone number: _____

9. Describe any additional safety initiatives:

10. Does your company set annual safety goals? (yes) (no)

11. Does your company have a program for recognizing your employees for safety performance excellence? (yes) (no)

12. Does your company have a disciplinary program in place for safety violators? (yes) (no)

13. Please list any subcontractors your company intends to use on this project.
(Use additional paper if necessary.)

Subcontracting Company's Name _____

Address _____

Telephone # _____

Work to be done by this Sub _____

Name and Address of Individual Providing this information:

Name: _____ Position: _____

Address: _____ Phone #: _____