

SECTION 3: Safety Information

- 1) Company representative directly responsible for safety and health: _____
 Address: _____
 Phone: _____ Fax: _____ Email: _____
- 2) Do you have a written safety and health program? Yes No **If 'yes,' attach a copy.**
- 3) List your company's EMR rating for the past three years: _____
- 4) Provide the following information for the past three years:
- | | |
|------------------------------|--------------------------------|
| a. Lost Work Day Cases _____ | OSHA Recordable Cases _____ |
| Fatalities _____ | Employee Hours Worked _____ |
| First Aid Cases _____ | Recordable Incident Rate _____ |
- b. **Provide copies** of OSHA 300 logs for the past three (3) years.
- 5) Have you received any OSHA citations within the last three years? Yes No
- 6) Does your field supervision receive training on the following subjects?
- | | | | | | |
|--------------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Compressed Gas Cylinders | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Perimeter Guarding | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Confined Spaces | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Personal Protective Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Electrical Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Powered Industrial Trucks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Emergency Procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Respiratory Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fall Prevention | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Rigging and Crane Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fire Prevention | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Scaffolding | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| First Aid Procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Signs and Barricades | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hand Tool Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Toxic Substances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hazard Communication | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Trenching and Excavation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Housekeeping | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Vehicle Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Lockout/Tagout | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Welding and Cutting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- 7) Do you have a New Employee Safety Orientation Program? Yes No
- 8) Do you conduct competent person training? Yes No
- 9) Do you hold employee safety meetings? Yes No
- How often? _____ Who conducts the meetings? _____
- 10) Do you have a Substance Abuse Policy? Yes No **If yes, check all of the following that apply:**
- | | | | | | |
|------------------------|------------------------------|-----------------------------|-----------------------|------------------------------|-----------------------------|
| Pre-employment Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Post Accident Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Random Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> | For Cause Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

As a general contractor, it is Crowder Construction's continued responsibility to maintain compliance with all applicable OSHA Standards on each of our job sites. Upon assessment of this questionnaire, Crowder Construction may request a pre-mobilization meeting with the subcontractor to ensure that all necessary criteria are in place to achieve such compliance. Typical areas of concern may include scope of work, site/task specific safety plans and procedures, documentation of competent persons, employee training and/or identification of known hazards that are typical to the subcontractor's craft.

SECTION 4: Operational/Financial Information

- 1) How many years has your company been in business under its current name? _____
- 2) **Attach a copy** of your company's audited/certified financial statements.
- 3) Insurance Company Name: _____ Phone: _____
 Address: _____

Minimum Insurance Requirements:

- Any additional insurance and/or limits required by the Prime Contract Agreement that apply to the subcontracted work.

		<u>Required</u>	
▪ General Liability:	General Aggregate	\$2,000,000	
	Products – Comp/Op Agg	\$2,000,000	
	Personal & Adv. Injury	\$1,000,000	
	Each Occurrence	\$1,000,000	
▪ Automobile Liability:	Combined Single Limit	\$1,000,000	
	Or { Bodily Injury (per person)	\$1,000,000	
		Bodily Injury (per accident)	\$1,000,000
	Property Damage	\$1,000,000	
▪ Workers' Compensation:	E.L. Each Accident	\$ 500,000	
	E.L. Disease – Each Person	\$ 500,000	
	E.L. Disease Policy Limit	\$ 500,000	

**Please
attach a copy
of your certificate of
insurance reflecting
the limits of your
company.**

- 4) Bonding Company: _____
 Bonding Agent and Firm: _____ Phone: _____
 Max. bonding capacity of your company: _____ Max. bonding capacity per contract: _____
 Number of years your company has done business with this bonding company: _____
 Names of previous bonding companies: _____

- 5) Name of your company's bank: _____
 Address: _____
 Contact Name: _____ Phone: _____

- 6) Please provide at least three trade/credit references.

<u>Name of Company</u>	<u>Address</u>	<u>Phone Number</u>	<u>Contact Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 7) Please **provide reference letters** for at least 3 recent past projects and list the specific contact information below:

<u>Contact Name</u>	<u>Company</u>	<u>Phone</u>	<u>Contact Email</u>	<u>Project</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 4: Operational/Financial Information – continued

8) Equal Employment Opportunity Information:

- a. Do you have a written EEO policy? Yes No
- b. Do you have an anti-harassment policy? Yes No
- c. Do you have an employee complaint procedure? Yes No
- d. Do you have a designated EEO officer? Yes No

If yes: Name: _____ Title: _____
 Phone: _____ Email: _____

9) Immigration eligibility to work in the United States:

- a. Do you verify your employees' eligibility to work in the U.S. (I-9 compliance)? Yes No
- b. Do you maintain records to confirm compliance with I-9 guidelines? Yes No
- c. If you are enrolled in E-Verify, please list your company id number: _____

10) Please list minority designations (*DBE, HUB, MBE, SBE, or WBE, etc.*): _____

11) List license type (electrical, plumbing, etc.), numbers, issuing state, and expiration date:

<u>Type</u>	<u>Number</u>	<u>Issuing State</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12) Has a complaint ever been filed against your company with a state licensing board or any other regulatory agency (EEOC, SHAC, etc.)? If yes, explain: _____

13) Has your company failed to complete any work awarded? If yes, explain. _____

14) Are there any judgments or claims pending against your company? If yes, explain. _____

15) Has your company been involved in any arbitration proceedings? If yes, explain. _____

16) Has your company received a copy of Crowder's subcontract standard terms and conditions? Yes No