



CONTRACTOR HEALTH & SAFETY QUESTIONNAIRE

Company Name: _____

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

Contract Name: _____

Contract Number: _____

Address: _____

Telephone No.: _____

Email: _____

NAICS Code: _____

Has your company operated under any other name?
If so, provide name and number of years operated. _____

Yes No

Has your company performed any work for WSSC Water in the past? _____

Yes No

If so, under what name? _____

Name of Contract(s) _____ Contract Number(s) _____

The year(s) 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

CONTRACTOR HEALTH AND SAFETY QUAULIFICATION QUESTIONNAIRE

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

C. DRUG FREE WORKPLACE PROGRAM

1. Does your company have a written Alcohol and drug free workplace program that includes drug testing?

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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.
Post-accident drug and alcohol testing.
For cause drug and alcohol testing.
Random drug and alcohol testing.
Supervisor and employee training.

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

D. OSHA CITATIONS

1. Has your company received any Federal or State Plan OSHA citations within the last 5 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. ~~B>I~~ FMAND ILLNESS STATISTICS

2022
Year

2023
Year

2024
Year

1. How many man-hours has your company worked in each of the last 3 years?

2. How many OSHA recordable injuries/illnesses 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) Number of injuries and illnesses x 200,000
Man-hours worked

_____ _____ _____

4. How many lost-time incidents 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 (LWDC) rate for each of the last 3 years?

(b) LWDC x 200,000
Man-hours worked

_____ _____ _____

6. How many fatalities has your company experienced in each of the last 3 years?

_____ _____ _____

7. What is your insurance Experience Modification

Rate(EMR) for each of the last 3 years?

_____ _____ _____

8. **Attach documentation (e.g., letters, NCCI exp.) from your insurance carrier certifying the listed EMRs.**

9. **Attach a copy of your OSHA 300A logs for the last 3 years with your completed questionnaire signed by a company executive.**