



CONTRACTOR HEALTH & SAFETY SURVEY 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? Yes No
If so, provide name and number of years operated. _____

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 QUALIFICATION QUESTIONNAIRE

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 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. 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) $\frac{\text{Number of injuries and illnesses} \times 200,000}{\text{Man-hours worked}}$	_____	_____	_____
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) $\frac{\text{LWDC} \times 200,000}{\text{Man-hours worked}}$	_____	_____	_____
6. How many fatalities has your company experienced in each of the last 3 years?	_____	_____	_____
7. 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.			