

NOTE: CHECK WITH H&S TO ENSURE LATEST FORM IS USED

SUBCONTRACTOR SAFETY PERFORMANCE QUESTIONNAIRE

<i>If the Subcontractor is being evaluated for a specific project please complete this information</i>		
CAPE'S Project Name:		CAPE'S Project #:
CAPE'S Project Manager:		
Name of Subcontractor:		
Address of Subcontractor:		
Contact Name:		
Phone Number:		
Standard Industrial Classification (SIC) Code:		
Is this a division or affiliate of a larger company?, If so, provide name and address:		
Date:		

HEALTH AND SAFETY

Please submit your OSHA No. 200 logs used to record the number of injuries and illnesses for the last three (3) years. **PLEASE NOTE: This form should be attached to CAPE request for bid/proposal. Do we want to use anyone who isn't already using the OSHA No. 200? Subcontractors should return the completed form with their bid package to the CAPE Contract Administrator. The safety team will review the information in this form as part of the selection criteria.**

1. <u>YEAR</u>	2001	2000	1999
a. Number of Fatalities			
b. Lost Work Day Incident Rate ¹			
c. OSHA Recordable Incident Rate ²			
d. Number of Hours Worked			
e. Total Number of Employees on Your Payroll			

- f. Attach a copy of your OSHA No. 200 logs for the last three (3) years.
- g. CAPE requires all subcontractors to provide the above accident statistics, even though certain companies may not be statutorily required to keep OSHA 200 logs.

¹ The following formula is used for calculating the Lost Work Day Incident Rate:	$\frac{\text{Number of Lost Work Day Cases} \times 200,000}{\text{Number of Hours Worked/year}}$
² The following formula is used for calculating the OSHA Recordable Incident Rate:	$\frac{\text{Number of Recordable Cases} \times 200,000}{\text{Number of Hours Worked/year}}$

2. List your company's Worker's Compensation (WC) Experience Modification Rate (EMR) for the three (3) most recent years:		
	Interstate	Intrastate (list state)
a. 2001		
b. 2000		
c. 1999		

- d. Provide a letter from your WC insurance carrier certifying the above EMRs.
- e. If your WC carrier has not issued your company an EMR because you have not accrued enough WC costs, provide a copy of your WC Loss Run (available from your WC carrier).
- f. If your current EMR is greater than 1.0, provide a written explanation of the safety methods that are being implemented by your company to reduce this rate.

3. List all activities your company will be performing on CAPE'S Projects:

4. Has your company received an OSHA (or State OSHA) citation within the last five (5) years?

Yes No

If you answered yes above, provide the following information below or on additional sheet if necessary:

- a. The number and type of violations?
- b. The penalties assessed by OSHA and/or State OSHA?
- c. Were the citations contested/vacated?
- c. What specific corrective actions were taken to prevent further penalties/injuries?

5. Does your company have a written occupational safety and health program?

	Yes	No	We reserve the right to request copies of your health & safety program.
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6a. Does your company conduct field safety inspections to determine compliance with your health and safety program, and applicable regulations and procedures?

	Yes	No	
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b. Who conducts these inspections?

c. How often are safety inspections conducted?

7. Does your company have the following on your staff or on retainer?

	Yes	How Many	Staff	Retainer	No
Occupational Physician*					
Certified Industrial Hygienist					
Certified Safety Professional					
Certified Health Physicist					
* Board Eligible or Board Certified					

8. Does your company have an orientation program for new hires that includes safety training?

Yes ____ No ____

9. Has your company implemented any of the following training programs?

Yes	No	N/A		Yes	No	N/A	
			Asbestos				Hazardous Waste (40-hour)
			Blasting/Explosives				Hearing Conservation
			Bloodborne Pathogens				Heavy Equipment Operation
			Confined Space Entry				Laboratory Safety
			Construction (OSHA Certified 10 Hours)				Ladder/Scaffolding
			Construction (OSHA Certified 30 Hours)				Lead

			Crane Operations				Lockout/Tagout
			Electrical Safety				Personal Protective Equipment
			Excavation Competent Person				Powder-actuated Tools
			Fall Protection				Process Safety Management
			Fire Extinguishers				Radiation Protection
			First Aid/CPR				Respiratory Protection
			Forklift Operations				Welding/Cutting

10. Does your company have a program in place to discipline workers that perform unsafe work practices? Yes ___ No ___

11. Does your company have written Accident Investigation Procedures? Yes ___ No ___

12. Does your company currently maintain a program in compliance with applicable state "Right to Know" laws and the OSHA Hazard Communication Standard?
Yes ___ No ___

13. Does your company currently maintain an Accident Prevention Program in compliance with applicable state OSHA regulations? (Required for Alaska, California, Minnesota, Nevada and North Carolina) Yes ___ No ___ N/A ___

14. Does your company implement a medical surveillance program for employees that work on hazardous waste sites or with hazardous chemicals (i.e., lead, asbestos, benzene, arsenic, formaldehyde, etc.)? Yes ___ No ___ N/A ___

15a. Does your company hold "tailgate/toolbox" safety meetings? Yes ___ No ___
b. If yes, how often?

16. Does your company have a written Drug Program? Yes ___ No ___

17. Has your company worked for CAPE in the past three years? Yes ___ No ___
If so, what year and what CAPE project manager were you working for?
Year: _____ Project Manager: _____

18. The undersigned warrants and represents the data provided in this document is accurate in all respects.
Name of Firm: _____
Completed by: _____
Signature: _____
Title: _____
Date: _____

CAPE USE ONLY

Contract Review

Reviewed by: _____ Date: _____

Acceptable: Yes No

Corp H&S Manager Review contracts

Reviewed by: _____ Date: _____

Additional level of planning and operational oversight required: _____

H&S Database Administrator

Entered into database by: _____

Date: _____

Attachments

OSHA 200 Logs
Insurance Carrier Certification Letter