

Howard University

Subcontractor Health & Safety Evaluation Questionnaire - Initial



In order to manage risks posed by high-hazard activities performed by our subcontractors, Howard has instituted a subcontractor health and safety prequalification process. The activities to be performed by the selected subcontractor may expose subcontractor personnel to hazardous chemicals or waste in the performance of their tasks. Therefore, requirements up to, and possibly including, OSHA standard 29 CFR 1910.120 (entitled Hazardous Waste Operations and Emergency Response) may be applicable to subcontractor services. The Subcontractor is required to recognize and comply with any OSHA or other regulatory requirements applicable to their services.

Contractors should note that **copies of their completed OSHA Injury and Illness annual summary Logs for the last 3 full calendar years must also be provided with this questionnaire (i.e., OSHA Form 300 and Form 300A), as well as Experience Modification Rates (EMR) printed on insurance-carrier letterhead.** Any questionnaire received that does not include both OSHA 300A/300 Logs and an EMR letter will be considered nonresponsive. If your organization is exempt from maintaining OSHA injury and illness documentation, a different form of documentation (containing at least the same information as the 300A/300 Logs) may be used, but this information must **still** be submitted.

Bidder Health and Safety Submission Checklist

	Submit with Questionnaire	Submit to Howard Prior To Mobilization
Completed Contractor Health and Safety Questionnaire	X	
OSHA 300A/300 Logs for Previous 3 Years and EMR rates on insurance-carrier letterhead	X	
Table of Contents of Health and Safety Program	X	
Copies of Employee Training Certificates as identified in the subs Accident Prevention Plan or Health and Safety Plan		X
Copies of Activity Hazard Analysis (especially for high hazard work such as: Live Electrical, Crane or Derrick use, HazMat Cleanup) and Accident Prevention Plans (or Health and Safety Plan for the Project)		X
Chemical Inventory and Safety Data Sheets		X

Instructions:

- Please answer the following questions completely, provide the requested information, and return to the contact listed below.
- The preferred format for returning questionnaires and other supporting documentation is via email.
 - To email, send to susan.dreyer@howard.edu with the following in the subject line of your email: **SUB PREQUALIFICATION FOR (YOUR COMPANY NAME)**

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Employee Requesting Evaluation: _____

Company Name: _____

Company Address: _____

Phone number: _____

NAICS Code: _____

Name, title, and phone number of company's highest-ranking safety contact: _____

Specific services provided for Howard University: _____

- Using data from the OSHA 300 log and 300A Summary log, complete the table below. If your company is not required to maintain OSHA logs, the information below must still be provided. For the EMR, list the interstate rate unless only an intrastate rate is available. (TRIR and DART rates equals number of OSHA recordable injuries times 200,000 divided by the total number of man-hours worked.)

	2017	2016	2015
Number of Fatalities (OSHA 300 Log Column G)			
Experience Modification Rate (EMR)			
Number of OSHA Recordable Incidents (OSHA 300 Log Column A)			
Total Recordable Incidence Rate (TRIR)			
Total Number of OSHA Recordable Incidents involving Lost Workdays, Restricted Workdays, or Job Transfers (Sum of OSHA 300 Log Columns H and I)			
Days Away, Restricted, or Transfer Rate (DART)			
Average Number of Employees			
Employee Hours Worked (excluding vacations and holidays)			

Attach copies of any citations your company has received in the last 3 years from any government agencies, such as OSHA or EPA. Include information as to the disposition of the citation.

No citations received in the last 3 years

Is a written Safety and Health Program available? If yes, please provide the table of contents.

Yes ==

No ==

Is an employee "craft" training program in place? If yes, please describe.

Yes ==

No ==

Is a written Drug and Alcohol Program available?

Yes ==

No ==

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Is employee training provided for the following topics?

Respiratory Protection	Yes =	No =	Hazard Communication	Yes =	No =
40-hr HAZWOPER	Yes =	No =	Hazard Recognition/Hazard Assessment	Yes =	No =
Lockout/Tagout	Yes =	No =	Hearing Conservation	Yes =	No =
Heat Stress	Yes =	No =	Personal Protective Equipment	Yes =	No =
Electrical Safety	Yes =	No =	Forklift/Industrial Powered Trucks	Yes =	No =

Please have an officer of the company sign this questionnaire certifying that the information provided in this questionnaire is current and correct.

Officer Printed Name: _____

Officer Title: _____

Officer Signature: _____

Date: _____

**MISREPRESENTATION OF DATA REQUESTED IS GROUNDS FOR IMMEDIATE
TERMINATION OF CURRENT SUBCONTRACTS AND DISQUALIFICATION FROM FUTURE
CONSIDERATION**