

## SAFETY QUALIFICATION QUESTIONNAIRE (JULY 2006)

Solicitation No: \_\_\_\_\_ Offeror's Name: \_\_\_\_\_

Offerors are required to supply the following information as part of their offers.

Directions: ALL questions must be answered completely. Some questions are to be answered by checking the applicable block. If enough space is not provided on the form, attach additional sheets and identify question number.

1. List all names under which your firm has operated for the past ten years.

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2. List your firm's insurance interstate Experience Modification Rate (EMR) for the immediate past three years. (Use intrastate rating if interstate rating is not available.)

20 \_\_\_\_\_ Rate \_\_\_\_\_

20 \_\_\_\_\_ Rate \_\_\_\_\_

20 \_\_\_\_\_ Rate \_\_\_\_\_

NOTE: If your firm does not have the requested three-year history, please have your current insurance carrier verify that fact on its letterhead and attach the letter to this form.

2. Provide the names and copies of records of any sources, other than your present worker's compensation insurance carrier, that pay medical bills incurred by your employees for work-related injuries or illnesses. If no other source provides payment of work related medical expenses, so state.

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4. Attach copies of your company's Occupational Safety & Health Administration (OSHA) 300-A Log, "Summary of Occupational Injuries and Illnesses" for the most recent three full years. Requested logs are to be company-wide and not from specific work locations.

5. List names, telephone numbers and a contact person from five companies your firm has worked for in the last ten years who will comment on your safety performance.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. List your firm's injury statistics rates for the past three full years using the OSHA formula. Please indicate the method and formula if a different approach is used.

**RECORDABLE INJURIES/ILLNESSES**

<b>Year</b>	<b>Rate</b>	<b>Number of Injuries</b>

**RESTRICTED WORKDAY RESTRICTED RATE**

<b>Year</b>	<b>Rate</b>	<b>Number of Injuries</b>

**LOST WORKDAY AWAY RATE**

<b>Year</b>	<b>Rate</b>	<b>Number of Injuries</b>

**FATALITIES**

<b>Year</b>	<b>Rate</b>	<b>Number of Fatalities</b>

**TOTAL INCIDENTS**

<b>Year</b>	<b>Rate</b>	<b>Number of Incidents</b>

7. List the number of OSHA citations your firm has received in the last five years. List the type, the standard cited, and the location where the citation was issued. Explain the resolution of any OSHA citations that were issued to your firm.

- ( ) None received
- ( ) Information enclosed

8. Enclose a copy of your firm's written Environment, Safety and Health (ES&H) program if a current copy is not on file with BWXT Y-12.

- Copy on file with BWXT Y-12
- Copy enclosed

9. Enclose a copy of your firm's written hazard communication program if a current copy is not on file with BWXT Y-12.

- Copy on file with BWXT Y-12
- Copy enclosed

10. Provide the name of your firm's safety and health professional(s) and indicate the percentage of their time allocated to safety.

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11. Does your firm have a safety committee program? Yes ( ) No ( )

12. Complete the following about your firm's organized safety meetings.

a. How often are safety meetings conducted? \_\_\_\_\_

b. Are formal minutes of the meeting kept on file? Yes ( ) No ( )

c. Who conducts the meetings?

13. Are field safety audits conducted at your work sites? Yes ( ) No ( )

14. Are safety audit deficiency items tracked for completion? Yes ( ) No ( )

15. Has your company worked at a BWXT Y-12 plant site in the past?

Yes ( ) No ( )

If yes, what year(s)? \_\_\_\_\_

If a subcontractor, identify prime contractor(s): \_\_\_\_\_

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List subcontract number(s): \_\_\_\_\_

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THE OFFEROR CERTIFIES THAT THE ENTRIES MADE ABOVE ARE ACCURATE, COMPLETE, AND CURRENT AS OF THIS DATE AND TO THE BEST OF HIS/HER KNOWLEDGE. (CERTIFICATION SHALL BE MADE ONLY BY A COMPANY OFFICER. OTHER PERSONS ARE NOT ACCEPTABLE.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Firm and Address

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title