

## SELLER SAFETY QUALIFICATION QUESTIONNAIRE

REQUISITION NO.	SUBCONTRACTOR'S NAME
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The Bidder/Offerer is required to supply the following information as part of their bid documents.

**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.

<b>1</b>	<b>List all names under which your firm has operated for the past ten years.</b>								
<b>2</b>	<b>List your firm's insurance interstate EMR for the immediate past three years. (Use intrastate rating if interstate rating is not available.)</b>								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Year</th> <th style="width: 50%; text-align: center;">RATE</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>	Year	RATE						
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<b>3</b>	<b>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.</b>								
<b>4</b>	<b>Attach copies of your company's OSHA 300-A log, <i>Summary of Work-Related Injuries and Illnesses</i> for the most recent three full years. Requested logs are to be company-wide and not from specific work locations.</b>								
<b>5</b>	<b>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.</b>								

**SELLER SAFETY QUALIFICATION QUESTIONNAIRE (Continuation)**

**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**

Year	Rate	Number of Injuries

**LOST WORKDAY RESTRICTED RATE**

Year	Rate	Number of Injuries

**LOST WORKDAY AWAY RATE**

Year	Rate	Number of Injuries

**FATALITIES**

Year	Rate	Number of Fatalities

**TOTAL INCIDENTS**

Year	Rate	Number of Incidents

**SELLER SAFETY QUALIFICATION QUESTIONNAIRE (Continuation)**

<b>7</b>	<b>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.</b>	
	<input type="checkbox"/> None received	<input type="checkbox"/> Information enclosed
<b>8</b>	<b>Enclose a copy of your firm's written ES&amp;H program if a current copy is not on file with BWXT Y-12.</b>	
	<input type="checkbox"/> Copy on file with BWXT Y-12	<input type="checkbox"/> Copy enclosed
<b>9</b>	<b>Enclose a copy of your firm's written hazard communication program if a current copy is not on file with BWXT Y-12.</b>	
	<input type="checkbox"/> Copy on file with BWXT Y-12.	<input type="checkbox"/> Copy enclosed
<b>10</b>	<b>Provide the name of your firm's safety and health professional(s) and indicate the percentage of their time allocated to safety.</b>	
<b>11</b>	<b>Does your firm have a safety committee program?</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>12</b>	<b>Complete the following about your firm's organized safety meetings.</b>	
	a. How often are safety meetings conducted?	
	b. Are formal minutes of the meeting kept on file? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	c. Who conducts the meetings?	
<b>13</b>	<b>Are field safety audits conducted at your work sites?</b>	<b>14</b> <b>Are safety audit deficiency items tracked for completion?</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>15</b>	<b>Has your company worked at the Y-12 National Security Complex in the past?</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what year(s)?
	If a subcontractor, identify prime contractor(s):	List subcontract number(s):

THE BIDDER/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	ADDRESS
TYPED OR PRINTED NAME	TITLE	