

AMES LABORATORY CONTRACTOR SAFETY INFORMATION QUESTIONNAIRE

Contract # _____

Project Name _____

Contractor _____

Address _____

Phone Contact # _____ Fax # _____

Approved
 Approved as noted
 Not approved – Resubmit
 PFS-CS _____

1. List your firm's interstate experience modification rate for the past three consecutive years.
NOTE: This information can be obtained from your Worker's Compensation carrier.

_____	_____
Year	
_____	_____
Year	
_____	_____
Year	

Identify your Worker's Compensation carrier:

 Address: _____
 Phone: _____

2. Using the information from the OSHA No. 300 log, provide the following information on injuries and illnesses for the past three consecutive years.

	_____	_____	_____
	Year	Year	Year
A. Total number of recordable cases (Sutures, fractures, burns, rashes, foreign body in eye, etc.) including cases involving lost time.	_____	_____	_____
B. Number of lost workday cases.	_____	_____	_____
C. Number of lost workdays.	_____	_____	_____
D. Number of fatalities.	_____	_____	_____
E. Employee hours worked each year.	_____	_____	_____

Rate Calculation Formulas:

- A) $\frac{\text{Number of OSHA Recordable Cases} \times 200,000}{\text{Number of Hours Worked Per Year}}$
- B) $\frac{\text{Number of Lost Time Accidents} \times 200,000}{\text{Number of Hours Worked Per Year}}$
- C) $\frac{\text{Number of Days Lost} \times 200,000}{\text{Number of Days Worked Per Year}}$

3. How often are accident reports (OSHA 300) and report summaries sent to the following:

	<u>Never</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>
Field Superintendent	_____	_____	_____	_____
Vice President of Construction	_____	_____	_____	_____
President/CEO	_____	_____	_____	_____

4. Does your firm:

- Have a written company safety policy signed by a company officer? Yes No
 Have an established written safety plan? Yes No
 Have a written Hazard Communication Program? Yes No

5. Identify by name and title the person within your firm directly responsible for your firm's safety program: _____ Phone: _____

6. How often do you hold site safety meetings for field supervisors?
 _____ Weekly _____ Monthly _____ Never
 _____ Bi-Weekly _____ As Required

7. How often do you hold craft "tool box" safety meetings?
 _____ Weekly _____ Monthly _____ Never
 _____ Bi-Weekly _____ As Required

8. How often do you conduct safety inspections? _____
 Who performs this inspection? _____

9. Do you have orientation for new hires? Yes No
 If yes, does it include:

	Yes	No
Head Protection	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection	<input type="checkbox"/>	<input type="checkbox"/>
Safety Belt and Lifeline (Fall Protection)	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding/Work Platform, Competent Person	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter Guarding/Floor, Wall and Roof Openings	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
First-Aid	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures – Rescue/Evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Substances	<input type="checkbox"/>	<input type="checkbox"/>
Trenching and Excavation, Competent Person	<input type="checkbox"/>	<input type="checkbox"/>
Signs, Barricades, Flagging	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safety, Lockout/Tagout Procedures	<input type="checkbox"/>	<input type="checkbox"/>
Rigging and Crane Safety	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Recognition	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have a program for newly hired/promoted foremen? Yes No

If yes, does it include:

	Yes	No
Safe Work Practices	<input type="checkbox"/>	<input type="checkbox"/>
Methods of Safety Supervision	<input type="checkbox"/>	<input type="checkbox"/>
Toolbox Meetings	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>
First-Aid	<input type="checkbox"/>	<input type="checkbox"/>
Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection and Prevention	<input type="checkbox"/>	<input type="checkbox"/>
New Worker Orientation	<input type="checkbox"/>	<input type="checkbox"/>

QUALITY ASSURANCE

Check one of the following boxes:

LEVEL 1

Contractor has a documented quality assurance program.

LEVEL 2

Contractor has a documented Quality Assurance Program that adequately addressed the quality requirements applying to work normally performed.

LEVEL 3

Contractor currently does not have a documented Quality Assurance Program, but has successfully performed construction activities at the Ames Laboratory.

LEVEL 4

Contractor currently does not have a documented Quality Assurance Program, and has not previously performed construction activities at the Ames Laboratory.

If you check the block in either 1 or 2 above, please enclose a copy of your Quality Assurance Manual.

- (1) Work to be performed by your Company
(2) Work to be performed by a Sub-Contractor to your Company

Check all blocks that apply to this contract:

1 2 Site Work

- Demolition
 Earthwork
 Tunneling
 Piling, Caissons and Cofferdams
 Site Improvements
 Landscaping
 Paving and Surfacing
 Ponds and Reservoirs
 Railroad Work

Concrete

- Cast-in Place Concrete
 Precast Concrete
 Cementitious Decks
 Restoration and Cleaning

Masonry

- Unit Masonry
 Stone
 Restoration

Metals

- General
 Structural Metal Framing
 Joists
 Decking
 Miscellaneous and Ornamental

1 2 Thermal and Moisture Protection

- Waterproofing and Damp proofing
 Insulation
 Fireproofing
 Preformed Siding
 Flashing and Sheetmetal
 Roofing (General)
 Shingles and Roofing Tiles
 Preformed Roofing
 Membrane Roofing

Doors and Windows

- Metal Doors and Frames
 Wood and Plastic Doors
 Special Doors
 Entrances and Store Fronts
 Metal Windows
 Wood and Plastic Windows
 Special Windows
 Hardware and Specialties
 Glazing

Finishes

- Lath and Plaster/Drywall
 Tile/Terrazzo
 Acoustical Treatment
 Wood Flooring
 Stone and Brick Flooring
 Resilient Flooring
 Carpeting
 Painting
 Wall Covering

1 2 Furnishings

- Cabinets and Casework
 Window Treatment
 Furniture and Accessories

Special Construction

- Clean Rooms
 Insulated Rooms
 Radiation Protection
 Pre-engineered Structures
 Vaults
 Liquid and Gas Storage Tanks
 Industrial/Process Control Systems
 Fire Suppression/Supervisory Systems
 Cooling Towers

Mechanical

- General
 Insulation
 Special Process Piping Systems
 Plumbing and Sewerage
 Fire Protection
 Power or Heat Generation
 Air Distribution
 Controls and Instrumentation

1 2 Wood and Plastics

- Rough Carpentry
- Heavy Timber Construction
- Prefabricated Structural Wood
- Finish Carpentry
- Architectural Woodwork

Conveying Systems

- Elevators
- Hoists and Cranes
- Lifts
- Material Handling Systems

1 2 Equipment

- Waste Handling Equipment
- Water Supply and Treatment Equipment
- Communication Systems
- Fluid Waste Disposal and Treatment Equipment
- Laboratory Equipment

1 2 Electrical

- General
- Substations
- Primary Distribution
- Secondary Distribution
- Lighting
- Cathodic Protection
- Controls