

TRSC PRE-QUALIFICATION FORM

Section 1 – Company Information

A. Person Completing Form:	B. Safety & Health Coordinator:
Name:	Name:
Title:	Title:
Phone/Extension:	Phone/Extension:
Fax:	Fax:
Email:	Email:
Date:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

C. Company:	D. Work Classifications:
Name:	SIC Code:
Street Address:	NAISC:
City:	E. EMR:
State:	State of Origin: Anniversary Date:
Zip Code:	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> Monopolistic State <input type="checkbox"/> Dual Rate
Phone:	EMR Rate: Year:
Fax:	EMR Rate: Year:
Website:	EMR Rate: Year:

E. Contact Person for Substance Abuse Programs:	F. Contact Person for Industrial Hygiene:
Name:	Name:
Title:	Title:
Phone/Extension:	Phone/Extension:
Fax:	Fax:
Email:	Email:

G. Check classes of work:			
Architectural	<input type="checkbox"/>	Fencing	<input type="checkbox"/>
Asbestos Removal	<input type="checkbox"/>	Fire Protection	<input type="checkbox"/>
Boiler Work	<input type="checkbox"/>	Flooring	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	Glass Glazing	<input type="checkbox"/>
Conveyors	<input type="checkbox"/>	Heavy Hauling-Rigging	<input type="checkbox"/>
Crane Operations	<input type="checkbox"/>	HVAC	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	Inspection and Testing	<input type="checkbox"/>
Dredging	<input type="checkbox"/>	Instrumentation	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	Insulation	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	Janitorial	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	Landscaping/Lawn Service	<input type="checkbox"/>
		Logistics	<input type="checkbox"/>
		Maintenance	<input type="checkbox"/>
		Manpower	<input type="checkbox"/>
		Mechanical	<input type="checkbox"/>
		Painting	<input type="checkbox"/>
		Paving	<input type="checkbox"/>
		Piping	<input type="checkbox"/>
		Plumbing	<input type="checkbox"/>
		Railroad Repair	<input type="checkbox"/>
		Remediation	<input type="checkbox"/>
		Roofing	<input type="checkbox"/>
		Security	<input type="checkbox"/>
		Sheet Metal	<input type="checkbox"/>
		Structural Steel	<input type="checkbox"/>
		Tanks	<input type="checkbox"/>
		Water Blasting	<input type="checkbox"/>
		Well Drilling & Service	<input type="checkbox"/>
		Other (List)	<input type="checkbox"/>

H. Availability of Safety-Trained Personnel: If your company does not have full time safety and health personnel, at what point does the company provide such?		
Answer:		
Are foremen trained and responsible for day-to-day safety activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have or do you provide:		
Company paid health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety/Health incentive program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company paid safety/health training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2 – Injury and Illness Performance											
		Enter the total number of cases per year. Each case is counted only once				Enter the total number of cases per year. Cases are classified as injury or one type of illness per the listing below. (M)					
		Employee missed work		Employee stayed at work							
Year:	Man-hours	Deaths (G)	Days Away From Work (H)	Job Transfers or Restrictions (I)	Other Recordable Cases (J)	Injuries (1)	Skin Disorders (2)	Respiratory Conditions (3)	Poisonings (4)	Hearing Losses (5)	All Other Illnesses (6)

Rates Calculated:		
Year	OSHA Recordable Rate*	Lost Workday Rate**

* OSHA Recordable rate = (G + H + I + J) x 200,000 divided by manhours worked for that year

** Lost Workday rate = (I + J) x 200,000 divided by manhours worked for that year

Citations:			
Has your company received any regulatory (EPA, OSHA, etc.) citations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If YES, copies must be submitted under separate cover with all pre-qualification forms.</i>			

Accident/Incident Reporting & Investigation:			
Do you have a procedure for the investigation, reporting, and follow-up of accidents, near misses, and occupational injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 3 - Industrial Hygiene				
A.	Do you have access to a company industrial hygienist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Does your company hire industrial hygiene experts as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Does your company have written hazard and PPE assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Does your company conduct exposure monitoring for chemical, physical or biological hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Do you provide copies of the monitoring results to the site where sampling was done?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Does your company use or potentially expose employees to any of the toxic or hazardous substances listed in OSHA 1926.1101, Subpart Z such as welding fumes, lead, silica, solvents, etc., or physical agents such as noise and radiation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Does your company conduct routine exposure assessment monitoring for the following: Lead, Asbestos, Benzene, Welding Fumes, Silica?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B.	Do you have written programs for the following:			
	Hearing Conservation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Does the program include audiograms for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Has your company conducted a hearing protection evaluation including the effectiveness of the NRR of company supplied hearing protection (based on the individual noise dosimeter readings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Respiratory Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Have employees been medically approved? (Initial and as required by OSHA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

	• Have employees been fit tested? (Annually)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Have employees been trained? (Initial and as required by OSHA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Is your fit testing that you conduct qualitative or quantitative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Do any or all of your employees fall under 29 CFR 1910.120 (Hazardous Waste Operations and Emergency Response)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Hazard Communication (including a chemical inventory and MSDSs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Have employees been trained? (Initial and when new chemical hazards are introduced to the workplace(s))	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 4 - Safety and Health Programs & Procedures				
A.	Do you have a written Safety and Health program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Does the program address the following key elements:			
	Management Commitment and expectations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Employee participation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Accountabilities and responsibilities for manager, supervisors and employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Resources for meeting safety and health requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Periodic safety and health performance appraisals for all employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Hazard recognition and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B.	Does the program include work practices and procedures such as:			
	Compressed Gas Cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Confined Space Entry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Crane Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Electrical Equipment Assured Grounding Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Emergency Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Ergonomics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Excavation and Trenching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Fall Protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Does your fall protection program include 100% tie-off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Hot Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Hand Injury Prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Housekeeping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Lockout/Tagout	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Personal Protective Equipment (covered in more detail later)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Power Tool Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Powered Industrial Vehicles (Forklifts, JLGs, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Scaffold Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Unsafe Condition Reporting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Vehicle Safety (company vehicles: cars, trucks, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Does your company conduct annual motor vehicle checks on employees driving company vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Waste Disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C.	Process Safety Management – Does your company have written statements in the S&H program to support the contractor requirements of the OSHA standard for Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents (29 CFR 1910.119)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D.	Do employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E.	Medical – Do you conduct medical examinations for:			
	• Pre-employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Pre-placement job capability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Pulmonary	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	• Respiratory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Do you have personnel trained to perform first aid and CPR?			
	Describe how you will provide first aid and other medical services for your employees while onsite. Specify who will provide this service.			
F.	Site Safety Meetings - Do you hold site safety and health meetings for:			
	Field Supervisors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Frequency:			

Employees Frequency:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
New Hires Frequency:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Subcontractors Frequency:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 5 - Substance Abuse Prevention

Do you have a written substance abuse prevention program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, does the program address the following key elements?			
Drug and alcohol testing for each type of test, to the levels specified by the Three Rivers Substance Abuse Consortium (See www.trma.org for complete information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Pre-access Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Random Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Randoms drawn by Third Party Administrator using computerized program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• Randoms evenly spaced throughout the year, but not less than quarterly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• How many employees in pool working in TRMA area (non-DOT)?			
Reasonable Suspicion Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Post-Incident Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
DOT Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
• How many employees in pool working in TRMA area (DOT)?			
Has your written program been submitted to and approved by the TRMA Third Party Administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has a list of employees working in the TRMA area been submitted to and approved by the TRMA Third Party Administrator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 6 - Equipment and Materials

Do you have a system for establishing the applicable health, safety and environmental specifications for acquisition of materials and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you conduct inspections on operating equipment (e.g. cranes, forklifts, JLGs) incompliance with regulatory requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you maintain inspection and maintenance certification records for operating equipment which you own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you verify inspection and maintain certification on rented or leased equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 7 - Use of Subcontractors

Are your subcontractors prequalified for work within TRMA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have a prequalification process for subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do your subcontractors have a written safety and health program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you include subcontractors in:			
Safety and Health Orientation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety and Health Meetings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you audit your subcontractors to ensure they meet all requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 8 - Safety Audits

Who conducts safety field inspections and on what frequency?			
Do you conduct safety and health audits of company policies and procedures? On what frequency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are corrections of deficiencies documented for field inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are corrections of deficiencies documented for program audits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

	Do you have a corrective action process (disciplinary program) for addressing employee safety and health performance deficiencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section 9 - Safety and Health Training

A.	Craft Training			
	List Certified Crafts and Certification body:			
	Have employees been trained in appropriate job skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Are employees job skills certified where required by regulatory or industry consensus standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Do job descriptions exist for each employees' task?			
	Are training records available for each employee including training conducted by unions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B.	Safety and Health Orientation			
	Do you have a safety and health orientation program for new hires and newly hired or promoted supervisors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Does the program provide instruction on the following:			
	New Worker Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Safe Work Practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Safety Supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Toolbox Meetings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Emergency Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	First Aid Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Incident Investigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Fire Protection and Prevention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Safety Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Hazard Communication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	How long is the orientation program?			
C.	Training Records			
	Do you have safety and health training records for your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	How long are records retained?			
	Do the training records include the following:			
	Employee identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Date of training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Name of trainer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Method used to verify understanding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Outline of instruction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	How do you verify understanding of training? (Check all that apply)			
	<input type="checkbox"/> Written Test			
	<input type="checkbox"/> Oral Test			
	<input type="checkbox"/> Performance Test			
	<input type="checkbox"/> Job Monitoring			
	<input type="checkbox"/> Other			
	List:			

Section 9 Enclosures

Please enclose the following documents with any prequalification form submittal

- | | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> EMR documentation from your insurance carrier | <input type="checkbox"/> Safety and Health Orientation Outline |
| <input type="checkbox"/> OSHA Logs (last 3 years) | <input type="checkbox"/> Prequalification Forms(s) for Subcontractors |
| <input type="checkbox"/> Safety and Health Program | <input type="checkbox"/> Substance Abuse Policies and Procedures |
| <input type="checkbox"/> Safety and Health Incentive Program | |
| <input type="checkbox"/> Accident/Incident Investigation Procedure | |
| <input type="checkbox"/> Unsafe Condition Reporting Procedure | |
| <input type="checkbox"/> Safety and Health Inspection Form | |
| <input type="checkbox"/> Safety and Health Audit Procedure or Form | |