

Pre-Qualification Form

Appendix A

Contractor Company Name _____

1. Check your type of work:

	General construction		Fire Protection
	Carpentry		Asbestos abatement
	Insulation		Insulation
	Drywall		Roofing
	Painting		Window cleaning
	Plumbing		Excavation
	Heating, Air Conditioning		Tree service
	Carpet, tile		Other _____
	Electrical		Other _____

2. Please use your last year's MIOSHA 300 Log to fill in:

Number of lost workday cases _____
 Number of restricted work cases _____
 Number of cases with medical attention only _____
 Number of fatalities _____
 Employee hours worked last year _____

3. List your firm's Insurance Experience Modification Rate for the three most recent years.

Year _____ Mod _____
 Year _____ Mod _____
 Year _____ Mod _____

4. Do you have a written safety program that complies with applicable standards?

Yes ____ No ____

Comments _____

5. Do you hold site safety meetings?

Yes ____ No ____

Weekly _____ Monthly _____
 Bi-weekly _____ Less often _____

6. Do you conduct project Safety inspections?

Yes ____ No ____

If yes, who conducts this inspection (title)? _____

How often? _____

7. Do you have a program for newly hired or promoted foreman? Yes ____ No ____
 If yes, does it include instruction on the following? Check all that are included.

<input type="checkbox"/>	Safe work practices	<input type="checkbox"/>	First aid procedures
<input type="checkbox"/>	Safety supervision	<input type="checkbox"/>	Accident investigation
<input type="checkbox"/>	Toolbox meetings	<input type="checkbox"/>	Fire protection and prevention
<input type="checkbox"/>	Emergency procedures	<input type="checkbox"/>	New work orientation
<input type="checkbox"/>	OSHA 10 hour Construction Safety Course	<input type="checkbox"/>	Other:

8. Do you have an orientation program for newly hired employees? Yes ____ No ____
 If yes, does it include instruction on the following? Check all that are included.

<input type="checkbox"/>	Head protection	<input type="checkbox"/>	Trenching and excavation
<input type="checkbox"/>	Eye protection	<input type="checkbox"/>	Signs, barricades, flagging
<input type="checkbox"/>	Hearing protection	<input type="checkbox"/>	Electrical safety
<input type="checkbox"/>	Respiratory protection	<input type="checkbox"/>	Rigging and crane safety
<input type="checkbox"/>	Employees are fit tested for respirators	<input type="checkbox"/>	Confined space entry
<input type="checkbox"/>	Employees are medically cleared for respirators	<input type="checkbox"/>	Lockout Tagout
<input type="checkbox"/>	Harnesses and lifelines	<input type="checkbox"/>	Hot work
<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Fork lifts
<input type="checkbox"/>	Perimeter guarding	<input type="checkbox"/>	Aerial platform lifts
<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Boom lifts
<input type="checkbox"/>	Fire protection	<input type="checkbox"/>	Asbestos awareness
<input type="checkbox"/>	First aid facilities	<input type="checkbox"/>	Hazardous waste
<input type="checkbox"/>	Emergency procedures	<input type="checkbox"/>	Compressed gas cylinders
<input type="checkbox"/>	Hazard communications	<input type="checkbox"/>	Other:

Who does the training? _____

9. Are licenses or certificates required for any work performed? Yes ____ No ____
 Do employees possess these licenses? Yes ____ No ____

I hereby certify that the information provided in this questionnaire is accurate to the best of my knowledge.

 Company

 Date

 Print name

 Signature

 Title

 Phone number