

CONTRACTOR PREQUALIFICATION QUESTIONNAIRE

Contractor Name: _____ Date: _____
 Address: _____ City, ST, Zip _____
 MSHA ID# : _____ Work To Perform: _____ Contact: _____
 _____ Telephone: _____ Fax: _____

A. Workers Compensation Insurance Experience – Please provide your Experience Modification Rate (EMR) for each of the preceding 3 years.

Year	EMR ¹	Insurance Carrier	Policy No.

If your EMR was greater than 1.0 in any of the three preceding years, please attach a summary description of all worker's compensation claims, showing the type of accidents and how they happened, the resulting injuries and loss amounts (for each of the preceding 3 years).

B. Accident, Incident and Injury Experience – Please provide the following information to help us evaluate your injury experience during each of the preceding 3 years.

Year	# of Lost Workday Cases	# of Medical Treatment Cases	# of Fatalities	Total # Injuries and Illnesses	Total Work Hours	Total Case Incidence Rates ²
MSHA Cases						
OSHA Cases						

If your MSHA Total Case Incident Rate was above the most recently published rate for your industry (_____) or your OSHA Total Case Incident Rate was above the most recently published rate for your industry (_____), please attach a summary description of all incidents that have occurred during the preceding 3 years. The information should include all blasting incidents, crane accidents, haulage accidents, and other incidents causing injury or damage to third parties. Briefly describe what happened and the loss amount for each.

C. MSHA and OSHA Citation Experience – Please attach a summary description of all MSHA and OSHA citations received during the preceding 3 years. The information should show standards allegedly violated, a brief description of the standard, the type of action (willful, S&S, serious, failure to abate, unwarrantable failure, etc.), and proposed penalties. In lieu of providing summaries, you can provide copies of citations and assessments.

D. Statutory Safety Program Documentation – Do you have a written safety program that addresses the following:

Program	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 harnesses, belts, and lines	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding, working at elevations	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>
Fire prevention/fire protection	<input type="checkbox"/>	<input type="checkbox"/>

Program	Yes	No
First Aid	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
Signs, barricades, flagging	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter guarding	<input type="checkbox"/>	<input type="checkbox"/>
Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>
Rigging and crane safety	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>

E. Environmental –

	Yes	No
Have you experienced any environmental incidents that required regulatory agency notification in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any environmental violations in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach a summary describing the incidents or violations. The information should include: Date of incident or violation, agency involved, and penalties paid. In lieu of providing summaries, you can provide copies of violations and confirmation of reporting.

F. Training Plans ³–

Please provide verification that every employee who will be working on the project has received all new miner, annual refresher, and task training under 30 CFR Part 46 or 30 CRF Part 48 (underground) if applicable and all training required by 29 CFR 1910 or 1926 (OSHA) if applicable.

	Yes	No
Do you have approved MSHA Training Plan to 30 CFR Part 46 Standards if you will work in a Surface Mine or in a Sand & Gravel Pit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have approved MSHA Training Plan to 30 CRF Part 48 Standards if you will work in an Underground Mine, including the surface areas of the Underground Mine?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a training plan for all training required by 29 CFR 1910 or 1926 (OSHA) if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Are the employees that will work on our sites current in their training?	<input type="checkbox"/>	<input type="checkbox"/>

G. Drug and Alcohol Testing Program –

Does your company have a written Drug and Alcohol Testing Policy? Yes No

¹ Companies with an EMR of >1.0 in the last three years must provide detail of their claims for review by a designated Safety Representative.

² Companies with an MSHA Total Case Incident Rate was above the most recently published rate for your industry (_____) or your OSHA Total Case Incident Rate was above the most recently published rate for your industry (_____), must provide a summary description of all liability incidents that have occurred during the preceding 3 years and must provide detail of their claims for review by a designated Safety Representative.

³ Companies must show evidence that they have a training plan that has been reviewed and approved by MSHA.

	Review	Name / Signature	Date
<input type="checkbox"/>	This vendor has been reviewed by Procurement or Project Management and is approved for use.		
<input type="checkbox"/>	This vendor has been reviewed by a designated Safety Representative and is approved for use		
<input type="checkbox"/>	This Vendor is not approved for use on sites		