



TITAN CONSTRUCTION & ENGINEERING SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE

COMPANY PROFILE

1. Company Name: _____
 Address: _____

 Contact Name: _____
 Telephone: _____ Fax: _____ Email: _____
 Website: _____

SAFETY AND HEALTH MANAGEMENT

2. Identify the highest ranking safety/health professional within your company:
 _____ Title: _____
 Telephone: _____ Fax: _____ Email: _____

3. Do you have or provide either of the following personnel as project support:

(a) Full-time Safety / Health Professionals Yes No
 Number: _____

(b) Part-time Safety / Health Professionals Yes No
 Number: _____

SAFETY AND HEALTH PERFORMANCE

4. Have you received any regulatory citations (e.g., Federal or State OSHA) in the last 3 years?
If yes, provide explanation or attachment if necessary Yes No

5. Provide your OSHA 300 Form information for the last 3 years as follows:

- Total Recordable Injury / Illness Rates (TRIR)
 (Calculation of TRIR=Total Injuries and Illnesses *200,000 / Total Employee Hours)
- Lost Time Injury / Illness Rates (LTIR)
 (Calculation of LTIR – Total Lost Work Cases *200,000 / Total Employee Hours)

TRIR	LTIR	Employee Hours Worked	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE: (cont'd.)

***Submit a copy of your OSHA 300 Logs for the last 3 years without personnel names⁽¹⁾.**

6. Provide your Workers Compensation Experience Modification Rates (EMR)

***Submit EMR documentation from insurance carrier for last 3 years**

(a)	EMR for last 3 years	Year	Current Year ⁽²⁾
	_____	_____	
	_____	_____	
	_____	_____	

If EMR not applicable, provide explanation: _____

Note:

***If your company is not required to maintain OSHA 300 Logs (Employers with less than 10 persons), submit information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.**

SAFETY AND HEALTH PROGRAMS AND PROCEDURES

7. Do you have or provide:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (a) Safety and Health Policy. <i>*If Yes, submit a copy.</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Safety Disciplinary Policy. <i>*If Yes, submit a copy.</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

8. Do you have a written Safety and Health Program? Yes _____ No _____

If yes, does the program address the following key elements:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (a) Management commitment and expectations | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Employee participation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Accountabilities and responsibilities for managers, supervisors, and employees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Resources for meeting safety and health requirements | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Safety and health performance appraisals for all employees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Hazard recognition and control | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) Employee training | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE: (cont'd.)

9. Does the program include work practices and procedures such as:

- | | | | | | | | |
|-----|---|----|--------------------------|-----|--------------------------|----|--------------------------|
| (a) | Injury and Illness Reporting / Recording and Investigations | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | Near Miss and Unsafe Conditions Reporting | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) | Motor Vehicle Safety | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) | Electrical Safety | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) | Personal Protective Equipment | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) | Portable Electrical / Power Tools | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) | Equipment Grounding Assurance | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (h) | Compressed Gas Cylinders | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (i) | Fire Protection | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (j) | Powered Industrial Vehicles (Forklifts) | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (k) | Housekeeping | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (l) | Material Handling (e.g., Cranes and Rigging) | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (m) | Excavation Safety and Competent Persons | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (n) | Emergency Preparedness, including evacuation plans | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (o) | Aerial / Elevated Work Platforms | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (p) | Other: _____ | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

10. Do you have written safety and health programs for the following:

- | | | | | | | | |
|-----|---|----|--------------------------|-----|--------------------------|----|--------------------------|
| (a) | Hearing Conservation | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | Respiratory Protection | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) | Hazard Communication | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) | Control of Hazardous Energy (Lockout/Tagout) | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) | Bloodborne Pathogen Exposure Control | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) | Personal Protective Equipment (including Hazard Assessments) | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) | Confined Space Entry | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (h) | Fall Protection | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (i) | Pre-start Reviews & Process Safety Management | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (j) | Traffic Control | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (k) | Job Hazard / Safety Analysis (JHA / JSA) | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (l) | Site Safety Inspection / Audits | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (m) | Program to support the contractor requirements of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910.119) | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE: (cont'd.)

11. Do you have a substance abuse program? Yes No
 If yes, does it include the following:
- (a) Pre-placement Testing Yes No
 - (b) Random Testing Yes No
 - (c) Testing for Cause Yes No
 - (d) DOT Testing Yes No

12. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? Yes No
**If no, submit (as an attachment to your program) a description of your plan to assure that your employees can safely perform their jobs.*

13. Medical Surveillance Program:
- (a) Do you conduct medical examinations for:
 - Pre-placement Yes No
 - Pre-placement Job Capability Yes No
 - Hearing Function (Audiogram) Yes No
 - Respiratory – Pulmonary Function Yes No

14. First Aid and CPR
- (a) Do you have personnel trained to perform First Aid and CPR? Yes No
 - (b) Describe how you will provide first aid and other medical services for your employees while on Site. Specify who will provide this service:

15. Do you hold site safety and health meetings for:
- | | | | | | |
|-------------------|-----|--------------------------|----|--------------------------|------------------|
| Field Supervisors | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |
| Employees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |
| New Hires | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |
| Subcontractors | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Frequency: _____ |
- Do you keep a record of these meetings Yes No

16. Inspections and Audits:
- (a) Do you conduct safety and health audits/inspections? Yes No
 - (b) If Yes, how often? _____

SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE: (cont'd.)

17. Equipment and Materials:

- | | | | | | |
|-----|---|-----|--------------------------|----|--------------------------|
| (a) | Do you have a system for establishing applicable health, safety, and environmental specifications for acquisition of materials and equipment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | Do you conduct inspections on operating equipment in compliance with regulatory requirements? (e.g., cranes, forklifts, JLGs) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) | Do you maintain operating equipment in compliance with regulatory requirements? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) | Do you maintain the applicable inspection and maintenance certification records for operating equipment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

18. Subcontractors:

- | | | | | | |
|-----|--|-----|--------------------------|----|--------------------------|
| (a) | Do you use safety and health performance criteria in selection of subcontractors? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | Do you evaluate the ability of subcontractors to comply with applicable health and safety requirements as part of the selection process? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) | Do your subcontractors have a written Safety and Health Program? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) | Do you include your subcontractors in: | | | | |
| | • Safety and Health Orientation | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | • Safety and Health Meetings | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | • Inspections | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| | • Audits | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SAFETY AND HEALTH TRAINING

19. Craft Training:

- | | | | | | |
|-----|--|-----|--------------------------|----|--------------------------|
| (a) | Have employees been trained in appropriate job skills? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | Are employees job skills certified where required by regulatory or industry consensus standards? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) | List crafts which have been certified: | | | | |
| | _____ | | | | |
| | _____ | | | | |

20. Safety and Health Orientation:

- | | | | | | | | | | |
|-----|--|------------------|--------------------------|--------------------|--------------------------|-----|--------------------------|----|--------------------------|
| | | <u>New Hires</u> | | <u>Supervisors</u> | | | | | |
| (a) | Do you have a Safety and Health Orientation Program for new hires and newly hired or promoted supervisors? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) | What is the program duration? | _____ | | | | | | | Hours |

SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE: (cont'd.)

	<u>New Hires</u>		<u>Supervisors</u>	
20. Safety and Health Orientation: (cont'd.)				
(c) Does the program provide instruction on the following:				
• Safe Work Practices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Safety Supervision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Emergency Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• First Aid Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Incident Reporting / Investigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Fire Protection and Prevention	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Personal Protective Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Safety and Health Training				
(a) Have your employees received the required safety and health training and retraining?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
(b) Do your supervisors receive additional safety and health training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
(c) Have your personnel received 24 / 40-hour HAZWOPER training in accordance with 29 CFR 1910.120?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
(d) Are employees OSHA 10 or 30-Hour Trained?	10 HR <input type="checkbox"/>	30 HR <input type="checkbox"/>	30 HR <input type="checkbox"/>	30 HR <input type="checkbox"/>
22. Training Records:				
(a) Do you have safety and health training records for your employees that can be provided upon request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
(b) Do the training records include the following:				
• Employee identification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
• Date of training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
• Name of course	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
(c) How do you verify understanding of training? (Check all that apply)				
<input type="checkbox"/> Written test	<input type="checkbox"/> Job Monitoring			
<input type="checkbox"/> Oral test	<input type="checkbox"/> Other (List): _____			
<input type="checkbox"/> Performance test				

SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE: (cont'd.)

SUBCONTRACTOR AGREEMENT

Subcontractor agrees to comply with the following:

1. Subcontractor shall provide a safety and project orientation for each of its employees on the employees' first day on the project.
2. Hard hats, safety glasses, shirts, steel/composite toe work boots, and long pants are required at all times.
3. Any employee exposed to a fall of 6-foot or greater must utilize either fall protection or fall arrest systems. Fall arrest systems include a body harness and appropriate lanyard and available attachment points capable of sustaining loads outlined by OSHA and/or other appropriate governing authorities.
4. Smoking is allowed in designated areas only.
5. In the event Subcontractor employs non-English speaking personnel at the site, Subcontractor shall provide supervisory personnel fluent in both English and the non-English language spoken by such employees.
6. Subcontractor shall provide, erect and maintain proper warning signals, signs, lights, barricades and fences on and along the line of the Subcontract Work and shall take all other necessary precautions for the protection of the Subcontract Work and for the safety of the public.
7. Subcontractor agrees to follow all Safety requirements as found in the most current version of 29 CFR 1926 OSHA "Construction Industry Regulations" and all client site specific requirements.

INSURANCE REQUIREMENTS

Subcontractors shall purchase and maintain insurance from a company lawfully authorized to do business in the State of Indiana, with a rating of no lower than (A-) by AM Best rating or other rating services. The insurance must be maintained without interruption from the date of commencement of the Subcontractors work in the following minimum limits of coverage:

SAFETY & INSURANCE PREQUALIFICATION QUESTIONNAIRE: (cont'd.)

WORKERS COMPENSATION

\$100,000 Each Accident, \$500,000 Disease Policy Limit, \$100,000 Disease Each Employee
Any Subcontractor operating as a sole proprietor, partnership, or member of a limited liability company and not having worker's compensation insurance for all himself or herself (as a sole proprietor) or for all partners (partnership) or members (LLC) shall provide a valid "Waiver Form" from the State of Indiana.

AUTOMOBILE

\$1,000,000 Combined Single Limit, covered autos include, owned, hired and non-owned.

COMMERCIAL GENERAL LIABILITY

\$1,000,000 Each Occurrence

\$1,000,000 Personal and Advertising Injury

\$2,000,000 General Aggregate Limit

\$2,000,000 Products-Completed Operations Aggregate

Coverages, whether written on an occurrence or claims-made basis, shall be maintained without interruption from date of commencement of the Subcontractor's Work until date of final payment and termination of any coverage required to be maintained after final payment.

ADDITIONAL INSURED

Subcontractors shall name Titan Construction & Engineering Services, Inc. as an additional insured on their commercial general liability policy through an additional insured endorsement substantially equivalent to the ISO CG 2010. Such endorsement shall be provided on a primary, non-contributory (including, but not limited to contribution by equal shares) basis to us.

CERTIFICATES OF INSURANCE

Acceptable certificates of insurance (ACORD Form 25-S) shall be filed prior to commencement of the Subcontractor's Work. These certificates and the insurance policies required shall contain a provision that coverages afforded under the policies will not be canceled or allowed to expire until at least 30 days' prior written notice has been given.

***SUBMIT YOUR CERTIFICATE OF INSURANCE**

Submitted by: _____
Signature

Title

Date

Please send this form with all required attachments and submit your questions to:

Michael L. Gayer
Safety Director
219-866-4651 ext 233
e-mail: MGayer@TitanConstructionServices.com