



SAFETY PRE-QUALIFICATION INFORMATION

To Whom It May Concern:

Fortis Networks and the Safety Department are pleased that you are interested in becoming pre-approved by the Safety and Health Department for current or future work on Fortis Networks projects.

The process is intended to obtain safety information from contractors that will help review and evaluate your overall safety and health program; it is designed to ensure contractors of Fortis Networks operate in the safest manner possible.

Please the information and provide all necessary documentation for review. Failure to provide the necessary documents and forms will result in the contractor being categorized as **“Incomplete”** and subsequently **not authorized** to perform contractual work for Fortis Networks until completed or corrected.

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Worker’s Compensation Carrier: _____

Policy Expiration Date: _____

Person Completing Form: _____

Project / Job: _____

EMR, OSHA RECORDABLE AND LOST TIME INFORMATION

List your firm’s experience modification rate (EMR) for the three (3) most recent years.

| Year | EMR |
|-------------|------------|
| 2013 | |
| 2014 | |
| 2015 | |

Please use your OSHA 300 Log (or Insurance Loss Runs) to complete the following section.

| Provide for the three (3) most recent years | Year: | 2013 | 2014 | 2015 |
|--|--------------|------|------|------|
| Number of lost workday cases including restricted days (Columns 2 & 9) | | | | |
| Number of OSHA recordable (Columns 2, 6, 9 & 13) | | | | |



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| | | | |
|--------------------------------------|--|--|--|
| Number of fatalities (Columns 1 & 8) | | | |
| Number of lost work days (Column 4) | | | |
| Number of restricted days (Column 5) | | | |
| Total employee hours worked | | | |

- List any regulatory agency such as OSHA, EPA safety or environmental citations or notices of violation, reportable spill events received by your company during the previous 3 years. Attach a copy of each or a summary describing the incident and how it was resolved.

- Do all new hires participate in a Company orientation program? Yes No
- Do you hold employee "toolbox" safety meetings? Yes No If yes, how often?
Daily Weekly Biweekly Monthly As needed
- Do you conduct workplace inspections? Yes No if yes, how often?
Daily Weekly Biweekly Monthly As needed
If yes, who conducts inspections?
- Do you have Near Miss reporting procedures? Yes No If yes please attach form
- Are job observations, such as a job safety analysis (JSA) conducted? Yes No
- Are employees observed on Scope of Work being performed? Yes No

| |
|--------------------------------|
| FUNCTION / SERVICE DESCRIPTION |
|--------------------------------|

Mark one of the following that best describes your company.

- | | |
|---|--|
| <input type="checkbox"/> Construction / Maintenance | <input type="checkbox"/> Service Representatives |
| <input type="checkbox"/> Supplier / Vendor | <input type="checkbox"/> Contract Labor |



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Select the type(s) of work that are normally performed by your company.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Architect / Engineer | <input type="checkbox"/> Asbestos | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Clerical | <input type="checkbox"/> Const. Mgr. | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Elevator | <input type="checkbox"/> Excavation | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Gen. Contractor | <input type="checkbox"/> Glass | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Hazard Waste | <input type="checkbox"/> Instrumentation | <input type="checkbox"/> Insulation | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Masonry | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Overhead Doors | <input type="checkbox"/> Painting / Drywall | <input type="checkbox"/> Paving | <input type="checkbox"/> Production |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Steel Erection | <input type="checkbox"/> OTHER |

If "Other" please specify: _____

Does your Company have a written safety program? If yes, please attached

- Yes No

If so, Please select the general safety programs below which are currently contained in your written safety program.

- | | |
|--|--|
| <input type="checkbox"/> Mgt. Policy Statement | <input type="checkbox"/> Clearly defined responsibilities |
| <input type="checkbox"/> Designated Safety Director | <input type="checkbox"/> Safety Orientation |
| <input type="checkbox"/> Disciplinary Policy | <input type="checkbox"/> Supervisor Training (10 hour) |
| <input type="checkbox"/> Hazard Communication | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Self Inspections | <input type="checkbox"/> Emergency Response Plan |
| <input type="checkbox"/> Designated Healthcare | <input type="checkbox"/> Accident Investigation / Reporting |
| <input type="checkbox"/> Light Duty / Return to work | <input type="checkbox"/> Personal Protective Equipment (PPE) |

Name / Location of your designated healthcare facility: _____

Please select specific programs below which are currently contained in your written safety program; these are based upon the nature of your work activity.

- | | | |
|---|---|--|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Blood borne Pathogens | <input type="checkbox"/> Compressed Cylinders |
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Electrical Safety | <input type="checkbox"/> Eye Protection |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Foot Protection | <input type="checkbox"/> Hearing Conservation | <input type="checkbox"/> Hand / Power Tools |
| <input type="checkbox"/> Head Protection | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Ladders |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Lockout / Tagout | <input type="checkbox"/> Man lifts / Scissor Lifts |
| <input type="checkbox"/> Trenching / Excavation | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Sand blasting |
| <input type="checkbox"/> Rigging & Crane safety | <input type="checkbox"/> welding & Cutting | |

Does your company provide safety training for employees?

- Yes No



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If so, please select specific training currently provided for employees.

Core Training (Mandatory)

- Emergency Action Plan
- Hazard Communication / GHS
- Personal Protective Equipment (PPE)
- Lockout / Tagout

Awareness Training (Mandatory)

- Asbestos Recognition
- Blood borne Pathogens
- Electrical

Scope of Work (Trade Specific)

- | | | |
|---|---|--|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Compressed Cylinders | <input type="checkbox"/> Concrete & Masonry |
| <input type="checkbox"/> Confined Space Entry | <input type="checkbox"/> Crane Safety | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Excavation / Trenching | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Fire Protection |
| <input type="checkbox"/> First aid / CPR | <input type="checkbox"/> Fork Trucks | <input type="checkbox"/> Hazwoper |
| <input type="checkbox"/> Hearing Conservation | <input type="checkbox"/> Hand / Power Tools | <input type="checkbox"/> Ladders |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Machine Guarding | <input type="checkbox"/> Man lifts / Scissor lifts |
| <input type="checkbox"/> Portable Fire Extinguisher | <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Rigging & Hoisting |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Signs & Barricades | <input type="checkbox"/> Welding & Cutting |

Signature:

Date : _____

Please note we need your Safety Pre Qualification form along with the following forms

1. Safety and health written plan
2. GHS / Hazard com program (Global Harmonizing System)
3. Site safety plan.
4. Near Miss report form
5. OSHA notices or violations