SSD-013

CONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

Evaluate capability. Confirm safety systems. Document objective qualification evidence.

1 Company Information		**Questionnaire No.**	
Company Address		**22 Date**	
Legal Company Name		**Business Structure**	☐ Corporation ☐ LLC ☐ Partnership ☐ Other
4 Type of Work Performed		**5 Number of Employees**	
2 Primary Contact Information		**21 Company Representative Signature**	

1–5 Company Profile *Complete all applicable business and contact information.*

3 Years in Business	Business and Operational Profile
Year established: _____ Years under current name: _____ Prior company names: _____ States / regions served: _____ Licenses / registrations: _____ Parent / affiliate: _____	Primary contact: _____ Title: _____ Phone: _____ Email: _____ Office address: _____ Website: _____ Federal / tax ID (optional): _____ ☐ Other: _____

6–8 EMR and Recordable Incident Rates (TRIR, DART, LTIR) *Provide supporting documentation for the periods requested.*

METRIC	6 EMR (Experience Modification Rate)	8 TRIR	8 DART	8 LTIR	Years Reported
DOCUMENT	Carrier letter	OSHA logs	Rate worksheet	Explanations	Other evidence

Evaluation status: ACCEPTABLE FOLLOW-UP CONDITIONAL NOT ACCEPTABLE

Review rule: Information must be complete, current, and supported when requested. Qualification may require clarification, corrective commitments, project-specific conditions, or additional review. Client requirements take precedence.

7 OSHA Citation History (Past 3 Years)

List each citation or state "None"; attach explanations and final dispositions.

#	YEAR	CITATION / STANDARD / DESCRIPTION	FINAL DISPOSITION / CORRECTIVE ACTION	STATUS	DATE CLOSED	ATTACHMENT / REFERENCE
1						
2						
3						
4						
5						
6						
7						

Status Key: O = Open C = Closed U = Under Review N/A = Not Applicable

Disclosure reminder: Answer accurately, attach current evidence, explain material changes, and identify any pending matters. Submission does not guarantee approval; the requesting company may verify information and impose project-specific conditions.

9–17 Insurance and Safety Management Systems

9–11 Insurance Information	12–17 Safety Program Information
☐ 9 Workers' Compensation Insurance Carrier: _____ Policy no.: _____ Limits: _____ Expiration: _____ ☐ Certificate attached ☐ 10 General Liability Insurance Carrier / policy / limits: _____ Expiration: _____ ☐ Certificate attached Other coverage: _____ 11 Insurance contact: _____ ☐ Other: _____	☐ 12 Safety Program Availability ☐ 13 Written Safety Policies ☐ 14 Competent Person Designations ☐ 15 Employee Training Programs ☐ 16 Drug and Alcohol Policy ☐ 17 PPE Program ☐ Subcontractor Management Program contact: _____ Revision date: _____ Site-specific plan available: ☐ Yes ☐ No Program gaps / conditions: _____ Supporting documents attached: ☐ Yes ☐ No ☐ Other: _____

18 References

Reference 1 / Contact		**Reference 1 / Phone / Email**	
Reference 2 / Contact		**Reference 2 / Phone / Email**	
Similar Work / Project	Description / value: _____	**Permission to Contact?**	☐ Yes ☐ No ☐ Upon notice
Reference Notes		**Reference Verified By / Date**	☐ Radio ☐ Phone ☐ Verbal ☐ Other: _____

19 Required Attachments Checklist

☐ EMR verification	☐ OSHA 300 / 300A logs	☐ TRIR / DART / LTIR calculations	☐ Workers' compensation certificate
☐ General liability certificate	☐ Safety program / written policies	☐ Training / competent-person records	☐ Other: _____

Qualification Review / Clarifications

Notify the requesting company if submitted information materially changes before or during the qualification period, including insurance,

EMR, incident rates, citations, ownership, workforce, safety programs, key personnel, or subcontractor practices. Provide updated evidence

and obtain written acceptance of any revised qualification conditions.

Clarification / Condition No.		**Date / Time**	
Clarification Requested / Qualification Condition		**Response / Closed By**	

20–22 Contractor Certification and Signature *Authorized representative certifies the submission is accurate and complete.*

CERTIFICATION / REVIEW	PRINTED NAME	SIGNATURE	DATE
20 Contractor Certification			
21 Company Representative Signature			
Qualification Reviewer			
Management Approval (if required)			

Review Notes / Follow-Up: Record clarification requests, conditions, and closeout.

The authorized company representative certifies that the information and attachments are true, complete, and current to the best of their knowledge; authorizes reasonable verification; and agrees to report material changes promptly.

CLARIFICATION / CONDITION	RESPONSIBLE PERSON	DUE / RESPONSE	CLOSED / VERIFIED

20 Contractor Certification | 21 Company Representative Signature | 23 Record Retention

Questionnaire Status	☐ Complete ☐ Follow-up ☐ Conditional ☐ Not accepted	**Date / Time**	
Required Updates / Conditions	☐ None ☐ Yes - reference: _____	**Reviewer Comments**	
23 Record Retention Location / Period		**Record Closed / Retained By**	

IMPORTANT: This questionnaire supports contractor safety prequalification but does not replace due diligence, contractual requirements, insurance verification, project-specific planning, regulatory compliance, or ongoing performance monitoring. The submitting contractor remains responsible for accurate disclosure, qualified personnel, effective programs, and timely updates.