



SAFETY PRE-QUALIFICATION FORM

Tri-Technic, Inc.

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Tri-Technic Inc. places health and safety among its top business priorities. The Company is committed to providing a safe and healthy working environment at all of its job sites. This commitment extends to Company employees, to non-Company employees, Subcontractors, and to everyone!

It is Company policy not only to comply with the health and safety measures required by law, but to act proactively and positively to ensure that all places of work and all job sites are maintained in a condition which is safe and healthy, and conducive to safe work practices.

This safety pre-qualification form is intended to provide Tri-Technic, Inc. with safety information from potential subcontractors. This process will allow Tri-Technic to review and evaluate your overall Safety and Health program and performance to ensure that all subcontractors operate in the safest manner possible.

Please fill out form in its entirety. Any information omitted without explanation or falsified may deem subcontractor Not Qualified.

Company Name:

Business Address

Phone Number

Fax Number

Workers Compensation
Carrier

How long with current
Work Comp. Carrier

Policy Expiration
Date

Name & Title of person
completing form

Phone Number

E-mail

EMR, OSHA RECORDABLE AND LOST TIME INFORMATION

Provide your firm's Experience Modification Rate (EMR) for the three most recent years.

Year _____ / **EMR** _____

2018 _____

2017 _____

2016 _____

Provide the following information from your OSHA 300 Log(s)

Provide for the three most recent years _____ **Year: 2018** _____ **2017** _____ **2016** _____

Number of Fatalities _____

Number of OSHA Recordable days _____

Number of OSHA Restricted Only days _____

Number of OSHA Lost Time days _____

Number of Labor Hours Worked _____

Average Number of Employees on Your Payroll _____

CITATION HISTORY

Have you had any OSHA , EPA, Safety , Environmental or Regulatory agency citations in the last 5 years?

Yes No

If Yes, explain below and attach supporting documents. Attach additional pages if needed.

GENERAL HEALTH AND SAFETY PROGRAMS AND PROCEDURES

Does your company have a full-time health and safety officer?

Yes No

Name/Title:

Phone Number:

E-mail

If you answered no to the above question, who is responsible for health and safety within your organization?

Name/Title:

Phone Number:

E-mail

Has your company established , implemented and maintained a company Injury and Illness Prevention Program?

Yes No

Does your company conduct Employee "toolbox" or "tailgate" safety meeting?

Yes No

Does your company conduct work site safety inspections?

Yes No

If yes to the above question, how often do you perform work site safety inspections?

Daily Weekly Biweekly Monthly As needed

Does your company have a Code of Safe Practices that relates to your company's operations?

Yes No

Does your company have a written Hazard Communications Program?

Yes No

Does your company conduct Job Hazard Analysis (JHA's) or a version of?

Yes No

Does your Company have a written Emergency Action Plan?

Yes No

Does your company have a disciplinary action process for addressing employee health and safety performance?

Yes No

Does your company provide First Aid/CPR training for your employee's?

Yes No

Does your company provide Health and Safety training and training programs for employee's?

Yes No

Does your company maintain records of and documentation of health and safety training?

Yes No

If you answered No to any questions above, please provide explanation. attached additional pages if needed.

Does your written Health and Safety program contain the following programs /topics? Mark all that apply.

Mgt. Policy Statement	Designated Safety Director	Disciplinary Policy
Emergency Action Plans	Accident / Near miss Reporting	Accident Investigation
Hazard Communication	Confined Space	Lock out Tag out
Fire Prevention & Protection	Personal Protective Equipment	Respiratory Protection
Fall Protection	Welding & Cutting Safety	Electrical Safety
Hand & Power tools	Excavation & Trenching	Material Handling
Scaffolding	Rigging & Crane Safety	Grounding
Asbestos	Lead	Man lifts & Scissor lifts
Housekeeping	Heat & Illness Prevention	Substance Abuse Policy

Tri-Technic reserves the right to request copies of any and all Health and Safety Policies, Procedures, and Documentations as feels necessary to maintain the integrity of our safety standards and practices.

I certify that the foregoing information is true and correct to the best of my knowledge and no attempt has been made to give false or misleading information, or to withhold any information.

Printed/Typed Name

Signature

Date