

SUPPLIER/CONTRACTOR HEALTH & SAFETY SURVEY

NAME OF FIRM: _____

CONTACT PERSON: _____

ADDRESS: _____

TYPE OF WORK: _____

PHONE #: _____

NAICS CODE (NOT SIC): _____
(NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM)

SIC (Standard Industrial Classification) CODE: _____

HEALTH AND SAFETY

1. List your firm's workers' compensation experience modification rates (EMR) for the last three years.

YEAR	EMR RATE	COVERAGE TYPE		POLICY NO.	CARRIER
		CLAIMS MADE	OCCURRENCE		

2. List your firm's OSHA incidence rate for the last three years. Use your OSHA Form No. 300 Or 300A.

Provide the incidence rates for the following categories (FROM OSHA 300 OR 300A FORM):

CATEGORIES	INFORMATION BY YEAR		
	20__	20__	20__
Total Fatalities/Deaths (column G)			
Total Lost Time Incidents/Cases with Days Away from Work (column H)			
Total Restricted Workday Incidents/Cases with Job Transfer or Restriction (column I)			
Total Other Recordable Cases (column J)			
Total Recordable Cases (G+H+I+J)			
Total Case Incident Rate (TCIR or TRIR)			
Total Number of Days Away from Work (column K)			
Total Number of Days On Job Transfer or Restriction (column L)			
Days Away/Restricted/Transferred Incident Rate (DART)			
TOTAL MANHOURS WORKED			

Note: Suppliers/Contractors whose three-year average incidence rates are above the most recently published BLS rates will be reviewed with purchasing, maintenance and safety to determine if allowed to work on the Grace site.

3. Do you have a written safety program? YES _____ NO _____
 If yes:
 Is your company certified to RCMS, ISO 14001, RC 14001, OHSAS18001, or any other EH&S management system? Please attach a copy of certifications. YES _____ NO _____
 Who is the responsible person for development and administration of your safety program? _____
4. Do you have one or more full-time:
 a. Physicians? YES _____ NO _____
 b. Safety Professionals? YES _____ NO _____
 c. Industrial Hygienists? YES _____ NO _____
 d. Other Care Providers? Specify: _____ YES _____ NO _____
5. Do you have a new employee orientation program? YES _____ NO _____

Does it include instruction in the following?

	YES	NO
Grace site Environmental, Health, Safety and Security Policy		
Grace site Environmental, Health, Safety and Security Rules and Orientation		
Grace site Emergency Response Plan		
Hazard Communication		
Hazard Reporting		
Injury Reporting		
Non-Injury Reporting		
Personal Protective Equipment		
Fire Protection		
Housekeeping		
Material Safety Data Sheets		
Electrical Safety		
Safety Belts and Lifelines		
Confined Space Entry		
Lock and Tag/Control of Hazardous Energy		
Abrasive Blasting and Hydroblasting		
Ladder/Scaffold Safety		
Driving Safety		
Industrial Vehicles (Manlifts/JLGs/Forklifts/Cranes/etc.)		
Hot Work		
Line Breaking		
Respiratory Protection (airline & SCBA)		
Drug & Alcohol Policy		
First Aid/CPR		
Hearing Conservation		

6. Do you have a training program for newly hired or promoted first line supervisors?

YES _____ NO _____

Does it include instruction in the following?

	YES	NO
Hazard Recognition		
Safe Work Practices		
Safety Supervision		
New Employee Orientation		
Tailgate/Toolbox Safety Meetings		
First Aid/CPR Procedures		
Emergency Procedures		
Incident Reporting		
Accident Investigation		
Other:		

7. Do you hold periodic safety meetings for the following and in what frequency are they held (weekly, bi-weekly, monthly, daily):

- a. Field Supervisors YES _____ NO _____ FREQUENCY _____
- b. Employees YES _____ NO _____ FREQUENCY _____
- c. New Hires YES _____ NO _____ FREQUENCY _____
- d. Subcontractors YES _____ NO _____ FREQUENCY _____

8. Do you conduct field safety inspections of work in progress?

YES _____ NO _____

- a. If yes, who conducts the inspection? _____
- b. How often? _____

9. Are all incidents investigated to determine their cause, and is corrective action taken?

YES _____ NO _____

10. Do you notify all employees of accidents and corrective action related to accidents and near misses?

YES _____ NO _____

If yes, how is this notification accomplished:

- a. Safety meetings? YES _____ NO _____
If yes, how soon after the event? _____
- b. Written notification? YES _____ NO _____
If yes, is this notification posted near the site where the incident occurred?
YES _____ NO _____
- c. Other: _____

11. Is safety a criteria in evaluating the performance of:
- | | | | |
|----|-------------|-----------|----------|
| a. | Foreman | YES _____ | NO _____ |
| b. | Supervisors | YES _____ | NO _____ |
| c. | Management | YES _____ | NO _____ |
12. Do you require medical certification and fit testing for respirator wearers? YES _____ NO _____
13. Do you provide medical evaluations for your employees? (i.e., pulmonary function, kidney/liver function, etc.)
YES _____ NO _____
- List medical evaluation scope: _____
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14. Who handles your field medical emergencies? _____
15. Do you have substance abuse testing? YES _____ NO _____
16. Do you have an employee assistance program? YES _____ NO _____
17. Do you participate in any industry-wide safety programs through contractor and/or labor associations?
YES _____ NO _____
- If yes, give an example of your participation.

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18. Are basic life safety requirements met in the workplace (including proper equipment guarding, unobstructed exits, fall protection, d fire suppression equipment)? YES _____ NO _____
19. Is proper use of personal protective equipment (PPE) enforced as required by individual hazards and exposures? Please describe your process for identifying the proper PPE and how your policy is enforced.

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20. Are operations in compliance with applicable regulatory and legal requirements? YES _____ NO _____
21. Describe your system for communicating product safety information to Grace, i.e., Material Safety Data Sheets (MSDS) and product labeling.

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22. Do you advise the client (owner) of any hazard(s) that have been brought about by manner of the work or discovered during the performance of work? YES _____ NO _____
23. If applicable, how often is your fall protection inspected and by whom, and how are records of these inspections maintained?

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24. Do you require your workers to conduct a pre-work job safety analysis? YES _____ NO _____
Who reviews the JSAs and how are they maintained? _____
25. Who will be the designated contact who will be submitting a monthly man-power/safety report and what is their contact information?

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26. If requested, you may be required to provide copies of the following along with items/programs specified previously:
- Overview of in-house "safe work" practices.
 - Overview of craft skill training programs.
 - Documentation that all employees have been adequately trained in safety and environmental responsibility and have received OSHA required training relevant to their job.
 - The extent, type and quality of safety and environmental training provided to employees.
 - How do you document that your employees have received and understood safety training?
 - How do you certify instructors?
 - List of safety policies and training requirements.
 - How does your site supervisor maintain MSDS and make them available to employees?
 - Who maintains records (training, medical, respiratory fit, drug testing), and where are they kept?
 - Confirmation that an employee can understand verbal and written instructions in English.
 - Outline of employee benefits program, including employee absentees and turnaround rates for the previous three years.
 - OSHA 300 and/or 300A logs

SECURITY

- 1. Are materials and services provided in accordance with the UN Convention on the Rights of Children to assure child and/or forced labor are not included in the work area? YES _____ NO _____
- 2. Do you complete criminal background checks on new employees? YES _____ NO _____
Do you periodically conduct criminal background checks on existing employees? YES _____ NO _____
- 3. Do you confirm immigration status for new employees? YES _____ NO _____
- 23. Do your employees have a valid TWIC card and do you verify expiration dates? YES _____ NO _____

ENVIRONMENTAL/WASTE

TO BE COMPLETED IF YOUR COMPLANY WILL GENERATE WASTE ON A GRACE SITE OR IF YOU WILL BE HANDLING WASTE GENERATED AT A GRACE SITE

- 1. Do you advise the client (owner) of any hazard(s) that have been brought about by manner of the work or discovered during the performance of work? YES _____ NO _____
- 2. Please describe how you will handle any waste generated on the Grace site?

- 3. Are all waste materials handled in compliance with all applicable regulations (includes the use of licensed haulers and disposal companies)? YES _____ NO _____
- 4. Please list any Government issued citations/violations/warnings involving waste handling, received over the last 5 years.

GOVERNMENT REGULATIONS AND LAWS

- 1. Please list any Government issued citations/violations/warnings received over the last 5 years.

I certify that the information contained herein is true and correct to the best of my knowledge; no attempt has been made to give false or misleading information.

BY: _____

(PRINT) Signature

_____ Date

Title