

**Valero Refinery Demolition Project – Aruba
Contractor Pre-Qualification Questionnaire**

General Information		<i>Please write in this column only:</i>	
1. Person Completing this Form:			
Title:			
Telephone:			
E-mail Address:			
2. Contact for Requesting Bids:			
Title:			
Telephone:			
E-mail Address:			
3. Contact for Insurance Information:			
Title:			
Telephone:			
E-mail Address:			
Insurance Carrier Name:	Type of Coverage:	Telephone:	
4. Business Name:			
Address:			
City:			
Province and Postal Code:			
Telephone:			
Fax Number:			
Subsidiaries:			
Date business founded:			
Under current Management since:			
Parent Company (if applicable):			
5. Organization Type:	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		
6. Names of Officers, Partners or Principals of the Business:	Position:	Telephone:	
	President		
	Vice President		
	Treasurer		
7. Names of Safety and/or Environmental Professionals:	Title:	Telephone:	
8. Primary Business Activity (Describe service performed and check all that apply):			
<input type="checkbox"/> General Construction		<input type="checkbox"/> Manpower & Resources	
<input type="checkbox"/> Engineering and Consulting		<input type="checkbox"/> Service Work {e.g., janitorial, clerical, etc.}	

<input type="checkbox"/> Demolition	<input type="checkbox"/> Original Equipment Manufacturer & Maintenance
<input type="checkbox"/> Remediation	<input type="checkbox"/> Other
Describe your demolition capabilities for this project.	
Describe your use of any subcontractors for this project.	
Assuming it's not a requirement, will you hire local labor for field implementation of this project: (if so, please provide an estimated % of local labor)	

9. Work Categories (check all that apply):

Check the categories in which you or your subcontractor(s) would be qualified to perform. You may attach project descriptions and supporting information for tasks performed by your company.

(Company) denotes work typically done by your company employees and/or parent companies, not subcontractors.

(Subcontractor) denotes tasks that your company would hire a subcontractor to perform.

Company	Subcontractor	Task
<input type="checkbox"/>	<input type="checkbox"/>	Private Utility Mark Out (PUMO)/Locate
<input type="checkbox"/>	<input type="checkbox"/>	Waste removal and management (universal wastes, hazardous liquids, hazardous solids, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Above and below grade utility isolation and removal – water
<input type="checkbox"/>	<input type="checkbox"/>	Above and below grade utility isolation and removal – natural gas
<input type="checkbox"/>	<input type="checkbox"/>	Above and below grade utility isolation and removal – telecommunications
<input type="checkbox"/>	<input type="checkbox"/>	Above and below grade utility isolation and removal – fuel/oil lines
<input type="checkbox"/>	<input type="checkbox"/>	Above grade line cleaning/purging
<input type="checkbox"/>	<input type="checkbox"/>	Below grade line cleaning/purging
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary sewer/storm drain inspection
<input type="checkbox"/>	<input type="checkbox"/>	Sanitary sewer/storm drain cleaning
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos abatement
<input type="checkbox"/>	<input type="checkbox"/>	Vacuum truck services
<input type="checkbox"/>	<input type="checkbox"/>	Decontamination and residual removal of above and below grade storage tanks/vessels
<input type="checkbox"/>	<input type="checkbox"/>	Demolition of multi-story buildings and structures
<input type="checkbox"/>	<input type="checkbox"/>	Demolition of above grade storage tanks
<input type="checkbox"/>	<input type="checkbox"/>	Demolition of towers, silos and/or flare stacks
<input type="checkbox"/>	<input type="checkbox"/>	Demolition by use of explosives
<input type="checkbox"/>	<input type="checkbox"/>	Removal of below grade storage tanks
<input type="checkbox"/>	<input type="checkbox"/>	Concrete removal, processing and downsizing
<input type="checkbox"/>	<input type="checkbox"/>	Dump/haul truck operation (onsite only)
<input type="checkbox"/>	<input type="checkbox"/>	Salvage / recycling of metals
<input type="checkbox"/>	<input type="checkbox"/>	Marine salvage
<input type="checkbox"/>	<input type="checkbox"/>	Waste transportation
<input type="checkbox"/>	<input type="checkbox"/>	Excavation
<input type="checkbox"/>	<input type="checkbox"/>	Soil remediation
<input type="checkbox"/>	<input type="checkbox"/>	Surveying
<input type="checkbox"/>	<input type="checkbox"/>	Compaction testing
<input type="checkbox"/>	<input type="checkbox"/>	Site restoration (backfilling, grading, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Below grade slab and foundation removal
<input type="checkbox"/>	<input type="checkbox"/>	Crane operation
<input type="checkbox"/>	<input type="checkbox"/>	Rigging
<input type="checkbox"/>	<input type="checkbox"/>	Field Health and Safety Officer
<input type="checkbox"/>	<input type="checkbox"/>	Company Health and Safety Officer
<input type="checkbox"/>	<input type="checkbox"/>	Development of the site specific Health & Safety Plan (HASP)
<input type="checkbox"/>	<input type="checkbox"/>	Industrial hygiene monitoring (air monitoring, noise monitoring, etc. during field implementation)
<input type="checkbox"/>	<input type="checkbox"/>	Confined space tasks (permit and non-permit required)
<input type="checkbox"/>	<input type="checkbox"/>	Field Construction Manager/Superintendent/Site Supervisor
<input type="checkbox"/>	<input type="checkbox"/>	24 hour site security services
<input type="checkbox"/>	<input type="checkbox"/>	Demolition outside the United States
<input type="checkbox"/>	<input type="checkbox"/>	Salvage / recycling of metals outside the United States

10. Major Equipment List:

Please provide an attachment with the following:

- A list of major equipment (e.g., excavators, shears, cranes, etc) that your company owns and can make available for this project.
- A list of major equipment that you would typically expect to rent for at project of this size.
- Process in which you would get necessary equipment to an international site (Aruba).

11. Company Work History				
Do you employ?	<input type="checkbox"/> Union Personnel		<input type="checkbox"/> Non-Union Personnel	
If Union, list trades/locals:				
Average Number of Employees: (Per year for last 3 years)	Year: 2013	Year: 2012	Year: 2011	
12. Company Paid Benefits:				
Do you have or provide?	Select: Yes or No			
Health Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Dental Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Paid Vacation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Paid Holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Paid Sick Leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Educational Reimbursement Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Employee Benefit Sharing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
13. Annual Dollar Volume:				
Annual dollar volume for the past 3 years:	Year: 2013	Year: 2012	Year: 2011	
	\$	\$	\$	
Largest demolition project completed during the last 3 years:				
What is your annual sales in demolition work for the last 3 years:	Year: 2013	\$		
	Year: 2012	\$		
	Year: 2011	\$		
14. Three major projects in progress (demolition examples preferred):				
Customer/Location:	Type of Work:	Size \$M:	Customer Contact Info:	What % was performed by a subcontractor
15. Three major projects completed within past three years (demolition examples preferred):				
Customer/Location:	Type of Work:	Size \$M:	Customer Contact Info:	What % was performed by a subcontractor
16. Three international projects completed by your company in the past three years (demolition examples preferred):				
Customer/Location:	Type of Work:	Size \$M:	Customer Contact Info:	What % was performed by a subcontractor
17. If your company performed work in Aruba within the last 10 years please provide the following:				
Customer or Industry:	Type of Work:	Size \$M:	Duration:	What % was performed by a subcontractor

18. Are there any judgments, claims or suits pending or outstanding against your company?

If yes, please attach details. Yes No

19. Has the Company now or ever been involved in any bankruptcy or reorganization?

If yes, please attach details. Yes No

SAFETY AND HEALTH PERFORMANCE:

20. Company Injury/Illness Data:

a. Employee hours worked for the last three years **excluding** subcontractors:

Hours/Year:	Year:	2013	Year:	2012	Year:	2011
		Total Hours:		Total Hours:		Total Hours:
How many of those hours were field hours?	Field Hours:		Field Hours:		Field Hours:	

b. Provide the following data (**excluding** subcontractors) for the past three years:

	2013	2012	2011
Fatal Lost Time Injuries:			
Non-Fatal Lost Time Injuries:			
Non-Lost time injuries:			
Total Recordable Incident Rate (TRIR):			
Lost Time Incident Rate (LTIR):			
Experience Modification Rating (EMR):			

Notes:

- Total Recordable Incident Rate = is the total number of non-fatal work-related injury and illness cases x 200,000 divided by the number of hours worked for a time period by all employees.
- Lost Time Incident Rate = is the number of lost time cases x 200,000 divided by the number of hours worked for a time period by all employees.
- Experience Modification Rating = compares a company's actual losses with its expected losses by industry type. The formula incorporates factors that take into account company size, unexpected large losses and the difference between loss frequency and loss severity to achieve a balance between fairness and accountability. An EMR less than one means that a company has fewer losses than expected.

21. Has the Company received any Regulatory inspections in the last three years?

If yes, please attach details or provide explanations below. Yes No

22. Has the Company received any Regulatory citations in the last three years?

If yes, please attach details or provide explanations below. Yes No

23. SUBCONTRACTOR Injury/Illness Data:

Provide the following data for the past three years for each subcontractor your company would expect to use on this project:

Subcontractor 1 (if applicable)			
	2013	2012	2011
Fatal Lost Time Injuries:			
Non-Fatal Lost Time Injuries:			
Non-Lost time injuries:			
Total Recordable Incident Rate (TRIR):			
Lost Time Incident Rate (LTIR):			
Experience Modification Rating (EMR):			
Subcontractor 2 (if applicable)			
	2013	2012	2011
Fatal Lost Time Injuries:			
Non-Fatal Lost Time Injuries:			
Non-Lost time injuries:			
Total Recordable Incident Rate (TRIR):			
Lost Time Incident Rate (LTIR):			
Experience Modification Rating (EMR):			
Subcontractor 3 (if applicable)			
	2013	2012	2011
Fatal Lost Time Injuries:			
Non-Fatal Lost Time Injuries:			
Non-Lost time injuries:			
Total Recordable Incident Rate (TRIR):			
Lost Time Incident Rate (LTIR):			
Experience Modification Rating (EMR):			

SAFETY AND HEALTH MANAGEMENT:			
24. Highest Ranking Safety/Health Professional in the Company: (Name)	Title:	Telephone:	
a. Do you have or provide a full time Safety/Health Director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do you have or provide a full time Safety/Health Supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Do you have or provide a full time Safety/Health Coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Do you have or provide a Safety/Health incentive program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Do you have or provide Company paid Safety/Health training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SAFETY AND HEALTH PROGRAMS & PROCEDURES:			
25. Do you have written safety and health programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Management commitment and expectations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Employee participation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Accountabilities and responsibilities for managers, supervisors, and employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Resources for meeting safety & health requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Periodic safety & health performance appraisals for all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Safety Recognition Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Hazard recognition and control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26. Does the program include work practices and procedures such as:	YES:	NO:	N/A:
Energy Control [Lockout / Tagout {LO/TO}]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident/Incident Reporting & Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe Condition Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Injury & Illness Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Electrical/Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Safe Work Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Equipment Grounding Assurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigging and Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powered Industrial Vehicles (Cranes, Forklifts, JLGs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness and Response Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Spill or Leak Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Injury Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffolding (User)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation/Trenching & Shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abrasive Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydroblasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Are there written programs for the following:	YES:	NO:	N/A:
Hearing Protection/Hearing Conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection; Where applicable, have employees been:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fit tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Medically approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ Have employees been trained in Hazard Communication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Do you have employees trained as OSHA 40-Hr Hazardous Waste Site Workers as required in 29 CFR 1910.120 (HAZWOPER)?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	N/A: <input type="checkbox"/>
29. Where permitted by applicable law, do you have a substance abuse program:	YES:	NO:	N/A:
➤ Random testing (safety sensitive roles only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Testing for cause	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ DOT testing (only for contractors subject to US DOT regulations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you conduct medical examinations for:	YES:	NO:	N/A:
➤ Pre-employment placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pre-placement job capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Hearing function {audiograms}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you have personnel trained to perform first aid and CPR?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
a. In the space provided below, describe how you will provide first aid and other medical services for your employees and specify who will provide this service while on site:			
32. Do your company employees read, write, and understand English such that they can perform essential duties of the job safely and in accordance with all applicable site conditions without an interpreter? If "No", attach a description of your plan to assure that they can meet these requirements.	<input type="checkbox"/> Yes		<input type="checkbox"/> No
33. Does your Company conduct background checks for new hires?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

ENVIRONMENTAL PROGRAMS & PROCEDURES:			
34. Do you have written environmental management programs?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
a. Does the program include employee awareness training?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
b. Does the program include auditing procedures?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
c. Does the program include provisions for identifying physical impacts to the environment and how to control or mitigate those risks?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
35. Is Environmental a full time responsibility position?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
36. Has the company ever had an environmental-related violation, fine, penalty or judgment against it?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
37. Is the company involved in any ongoing enforcement actions, consent agreements or litigation?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<i>If yes to questions 27 & 28 above, please give brief description of each.</i>			
38. Equipment & Materials:	YES:	NO:	N/A:
a. Do you conduct inspections on operating equipment {e.g., cranes, forklifts, JLG, etc.} in compliance with regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Do you maintain the applicable inspection and maintenance certification records for operating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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39. Subcontractors:	YES:	NO:	N/A:
a. Do you use subcontractors? (If no, skip to #43)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you use safety & health performance criteria in selection of subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you evaluate the ability of subcontractors to comply with applicable health & safety requirements as part of the selection process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do your subcontractors have a written Safety & Health Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you include your subcontractors in:			
➤ Safety & Health Orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safety & Health Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Inspections and Audits:	YES:	NO:	N/A:
a. Do you conduct safety and health inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you conduct safety and health program audits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you conduct environmental inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are corrections of deficiencies documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHORT SERVICE EMPLOYEE (SSE) POLICY:

41. Does your company have a SSE policy that:	YES:	NO:	N/A:
a. Identifies new employees or experienced employees new to your company or new to their position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, does the SSE policy include a mentor being assigned to the SSE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If yes, does it define the roles and responsibilities of the mentor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORAL BASED SAFETY PROGRAM:

42. Does your company implement a behavioral based safety program that:	YES:	NO:	N/A:
a. Requires all employees to participate in the in documented safety observations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LICENSES OR PERMITS:

	YES:	NO:	N/A:
43. Is your company required to have any Federal, State or local permits to perform your services (e.g., Asbestos, DOT, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list type(s) of licenses/permits and state issued:

SAFETY AND HEALTH TRAINING:

44. Craft Training:	YES:	NO:	N/A:
a. Does your company have employees trained in appropriate job skills expected on a project of this scope and duration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Do you have a process to assess skills of your workers to assure they are qualified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are employees job skills certified where required by regulatory or industry consensus standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. In the space provided below, please list the relevant crafts of your employees which have been certified (e.g., certified crane operator, etc.):				
45. Safety and Health Orientation:	New Hires:		Supervisors	
	Yes:	No:	Yes:	No:
a. Do you have a Safety and Health Orientation Program for new hires and newly hired or promoted supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the program provide instruction for the following:				
➤ New Worker Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safe Work Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safety Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Toolbox Safety Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Emergency Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ HAZWOPER/Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ First Aid Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Incident Reporting and Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fire Protection and Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Safety Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Hazard Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Environmental Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Safety and Health Training			Yes	No
a. Do you know the regulatory safety and health training requirements for your employees?			<input type="checkbox"/>	<input type="checkbox"/>
b. Have your employees received the required safety and health training and retraining?			<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a specific safety and health training program for supervisors?			<input type="checkbox"/>	<input type="checkbox"/>
d. Are all employees trained in the work practices needed to safely perform his/her job?			<input type="checkbox"/>	<input type="checkbox"/>
e. Is each employee instructed in the following:				
➤ The known potential fire, explosion, or toxic release hazards related to his/her job?			<input type="checkbox"/>	<input type="checkbox"/>
➤ The process and the applicable provisions of the emergency action plan?			<input type="checkbox"/>	<input type="checkbox"/>
47. Safety and Health Training Records			Yes	No
a. Do you have safety and health and crafts training records for your employees?			<input type="checkbox"/>	<input type="checkbox"/>
b. Do the training records include the following:			<input type="checkbox"/>	<input type="checkbox"/>
➤ Employee Identification?			<input type="checkbox"/>	<input type="checkbox"/>
➤ Date of the training?			<input type="checkbox"/>	<input type="checkbox"/>
➤ Name of the trainer?			<input type="checkbox"/>	<input type="checkbox"/>
➤ Method used to verify understanding?			<input type="checkbox"/>	<input type="checkbox"/>
c. How do you verify the training? (Check all that apply)			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written Test				
<input type="checkbox"/> Oral Test				
<input type="checkbox"/> Performance Test				
<input type="checkbox"/> Job Monitoring				
<input type="checkbox"/> Other (List)				

INFORMATION SUBMITTAL CHECKLIST:		
Please provide copies the following items when returning this completed form:		
Major Equipment Information (as requested above)		
Safety and Health Program and Table of Contents		
Project Descriptions for the last 3 major demolition projects performed by your company		
Project Descriptions for the last 3 projects performed outside the U.S. by your company, if applicable (demolition projects preferred)		
This document must be signed by the Contractor's Officer, Partner or Principal.		
Title:	Name:	Date:
SIGNATURE:		