



TITLE: CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION QUESTIONNAIRE

EFFECTIVE DATE: April 4, 2011

REVISION: 0

PAGE 1 OF 11

Dear Contractor,

Kennedy Tank and Manufacturing is committed to providing a safe workplace and to protecting the environment for its team members, contractors, and customers. To qualify to perform on-site work, Kennedy Tank and Manufacturing contractors must provide the following information and agree to obtain the following information from all subcontractors utilized and provide it upon request.

Table with 2 columns: Field Name, Value. Fields include Contractor Name, Street Address, City, State, Zip, Standard Industry Code (SIC), Telephone Number, Fax Number, Today's Date, Health & Safety Contact Name, Specialty Trade, Owner/Parent Company Name, Type of Business (e.g., corp, etc.), Date Business was Started.

Note: Please use additional sheets if needed

1. When was the firm incorporated and in what state?

2. Has the corporate charter ever been repealed in any state?

YES___NO___

If yes, explain the circumstances surrounding the repeal:

TITLE: **CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION
QUESTIONNAIRE**

EFFECTIVE DATE: **April 4, 2011**

REVISION: 0

PAGE 2 OF 11

3. Are there any outstanding claims for damages alleged or resulted from work conducted by your company?

YES ___ NO ___

If yes, please describe:

4. Has your company been subject to any lawsuits?

YES ___ NO ___

If yes, identify and explain:

5. During the past year, has your company had any media coverage or notoriety?

YES ___ NO ___

If yes, explain:

6. Has your company ever been banned from working at a facility?

YES ___ NO ___

If yes, please provide a detailed account of the incident and the name of the facility.

TITLE: **CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION QUESTIONNAIRE**

EFFECTIVE DATE: **April 4, 2011**

REVISION: 0

PAGE 3 OF 11

7. Has your company ever worked at a Kennedy Tank & Manufacturing and/or related site?

YES ___ NO ___

If yes, when and where did you work?

8. Does your company have a substance abuse policy?

YES ___ NO ___

If "YES," provide a copy of your program and indicate the circumstances on which your company performs testing.

- Employment Probable Cause Periodic
 Random Post Accident Other _____

9. Do your employees carry drug screen cards and/or proof on their person on job sites?

YES ___ NO ___

TITLE: **CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION
QUESTIONNAIRE**

EFFECTIVE DATE: **April 4, 2011**

REVISION: 0

PAGE 4 OF 11

10. Please include at least four of the largest customers of your company with a point of contact for reference.

1. _____

2. _____

3. _____

4. _____

COMMENTS:

TITLE: **CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION
QUESTIONNAIRE**EFFECTIVE DATE: **April 4, 2011**

REVISION: 0

PAGE 5 OF 11

INSURANCE INFORMATION

	Effective Dates	Modification Rates
Current policy year		
1 year previously		
2 years previously		
3 years previously		

11. Are the above rates interstate or intrastate?

If intrastate, which state:

12. If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated?

YES___ NO___

13. Is your firm self-insured for Worker's Compensation Claims?

YES___ NO___

We require documentation for the above information. Any of the following methods are acceptable:

- Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
- Furnish copies of the last three year's Experience Rating Calculation Sheets which your insurance carrier should forward to you annually; or
- Furnish a copy of the page from each of your last three year's insurance policies showing the modification rate and the coverage period; or
- If you are in a "State Fund" state, such as Ohio or West Virginia, furnish a copy of the state's last three years annual statement pages showing the modification rate and the coverage period.

OSHA RECORDKEEPING INFORMATION

14. Furnish a copy of your organization's OSHA 300 Log for the last three years. It is unlikely we can qualify your organization to bid Kennedy Tank & Manufacturing, LLC. work without your OSHA 300 Log.

TITLE: **CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION
QUESTIONNAIRE**EFFECTIVE DATE: **April 4, 2011**

REVISION: 0

PAGE **6** OF **11**

Some firms are not required to complete the OSHA 300 Log because they have too few employees (less than ten at any time during the calendar year) or are exempted by virtue of the services they perform. If you do not complete an OSHA 300 Log, is it because your organization has too few employees?

YES___ NO___ N/A___

15. Or is it because your organization performs a service which is exempted from completing an OSHA 300 Log?

YES___ NO___ N/A___

If you do not complete an OSHA 300 Log and you answered "No" to the above questions, please explain:

16. Using the OSHA 300 Log from the latest completed year, complete the following:

____ Number of injury-related fatalities from column G

____ Number of injuries with lost workdays from column H

____ Number of injuries with job transfer or restriction from column I

____ Number of other recordable cases from column J

____ Number of days of job transfer or restriction from column K

____ Number of total days away from work from column L

____ Total number of injuries & illnesses on OSHA 300 Log

____ Total number of cases listed in columns G and L that are *first aid cases*. Highlight each of these cases using a highlighter or by placing an asterisk (*) beside them on the most recent OSHA 300 Log.

17. Total employee hours worked last year (field, supervisory, and clerical) by your organization.

____ **HOURS**

TITLE: CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION QUESTIONNAIRE

 EFFECTIVE DATE: **April 4, 2011**

REVISION: 0

PAGE 7 OF 11

SAFETY PROGRAM

18. Do you hold safety meetings for:

Position	YES	NO	Frequency	Title of Person Conducting Meeting
Supervisors				
Employees				
New Hires				
Subcontractors				

19. Do you conduct job safety inspections (both written / non-written)?

YES___ NO___ Frequency_____

20. Are your supervisors/foreman OSHA 30 HR trained for construction?

YES___ NO___

If "YES," show proof for employee working on job site.

21. Do you conduct safety training for your employees?

YES___ NO___

Position	YES	NO	Frequency	Title of Person Conducting Meeting
Supervisors				
Employees				
New Hires				
Subcontractors				

22. Do you conduct a job safety analysis (JSA) for every job?

YES___ NO___

23. Is the JSA documented and available job site?

YES___ NO___

TITLE: CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION QUESTIONNAIRE
EFFECTIVE DATE: April 4, 2011
REVISION: 0
PAGE 8 OF 11

24. Do you have a formal (written) safety program?

YES ___ NO ___

If yes, please provide a copy of your program. Electronic copy is preferred.

25. Training and Compliance Information

PROGRAMS/TRAINING	Reference Source	Program is documented and written Yes/No/NA	Estimated % of employees providing services who have received training	Frequency of training for individual employees	Individual employee training documented Yes/No/NA
Asbestos Class IV (awareness)	OSHA 29 CFR 1926-1101				
Asbestos Class III	OSHA 29 CFR 1926-1101				
Asbestos Class I and II	OSHA 29 CFR 1926-1101				
Confined Space Entry	OSHA 29 CFR 1910.146(g)				
Cranes	OSHA 29 CFR 1926				
DOT HM-126\ Hazmat Employee	DOT 49 CFR 172.704				
Drug Awareness	DOT 46 CFR 16.401 & 391.119				
Electric Power Gen, Tran, Dist	OSHA CFR 29 1910.269				
Electrical Safety	OSHA CFR 29 CFR 1910.332				
Emergency Response	OSHA 29 CFR 1910.38(a)				
Excavations	OSHA 29 CFR 1926.651				
Fall Protection	OSHA 29 CFR 1926.500				
First Aid/CPR	OSHA 29 CFR 1910.151(b)				
Forklifts	OSHA 29 CFR 1910.178(1)				
HAZCOM	OSHA 29 CFR 1910.120(h)				
Hearing Conservation	OSHA 29 CFR 1910.95				
Incipient Fire Fighting	OSHA 29 CFR 1910.157(g)				
Lead Worker	OSHA 29 CFR 1926.62 (T)				
Lead Supervisor	See Above				

Environmental, Health and Safety System

TITLE: CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION QUESTIONNAIRE
EFFECTIVE DATE: April 4, 2011
REVISION: 0
PAGE 9 OF 11

PROGRAMS/TRAINING	Reference Source	Program is documented and written Yes/No/NA	Estimated % of employees providing services who have received training	Frequency of training for individual employees	Individual employee training documented Yes/No/NA
Lockout/Tagout Authorized Person	OSHA 29 CFR 1910.147 (c)(7)				
Lockout/Tagout Affected Person	See Above				
New Employee Orientation	OSHA 29 CFR 1910.119 (g)(1)				
Personal Protective Equipment	OSHA CFR 1910.132(f)				
Process Safety Management	OSHA 29 CFR 1910.119(g)(1)				
Respiratory Protection	OSHA 29 CFR 1910.134(e)(5)				
Welding and Burning	OSHA 29 CFR 1910.252(a)(2)(xii)(c)				
Scaffolding	OSHA 29 CFR 1926.451				

OSHA NONCOMPLIANCE RECORD

26. Has your company ever been cited by OSHA?

YES ___ NO ___

If yes, please provided a detailed statement as to the event(s) and the nature.

27. Has the violation been corrected?

YES ___ NO ___

ENVIRONMENTAL NONCOMPLIANCE RECORD


28. Has your company ever been cited by EPA or other similar agency?

YES ___ NO ___

If yes, please provided a detailed statement as to the event(s) and the nature.

29. Has the violation been corrected?

YES ___ NO ___

	ENVIRONMENTAL, HEALTH AND SAFETY SYSTEM PROGRAM	DOCUMENT NUMBER KTM-EHS-CON-FR-001
TITLE: CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION QUESTIONNAIRE		
EFFECTIVE DATE: April 4, 2011	REVISION: 0	PAGE 10 OF 11

Please provide copies of any environmental programs which your company has. Electronic copies are preferred.

PASS / FAIL CRITERIA

If your organization does not pass our safety criteria, we will invite you to explain why, and the steps being taken to improve your safety performance. Safety consultants are available to analyze your safety program and make recommendations for improvement. KENNEDY TANK & MANUFACTURING, LLC. safety pass / fail criteria are as follows:

Pass – The organization's current Worker's Compensation Insurance Experience Modification Rate (EMR) is less than or equal to 1.00, **and** the Total Recordable Incident Rate (TIR) is less than the industry average for the organization's specific SIC, for OSHA recordable injuries and illnesses per 200,000 effort hours.

Pass – The organization's current EMR is greater than 1.00, **if** the trend for the last three years is downward, and **no** single EMR in that period is above 1.20, and the TIR is less than the industry average for the organization's specific SIC, for OSHA recordable injuries and illnesses per 200,000 effort hours.*

Fail – The organization cannot meet the pass criteria listed above.*

NOTE: KENNEDY TANK & MANUFACTURING, LLC. will analyze any OSHA 300 Log with a Recordable Incident Rate greater than eleven injuries and illnesses per 200,000 effort hours.

** Customer may chose to reject a contractor based on specific criteria set by them which is outside the control of Kennedy Tank & Manufacturing, LLC.*

Print Name		Title	
Signature		Date	

Please also include two copies of your company's statement of qualifications.

Return one (1) copy of this completed form and the associated documentation required to:

Kennedy Tank & Manufacturing
Attn: Greg Anderson
833 East Sumner Avenue
Indianapolis, IN 46227
(317) 780-3594
ganderson@kennedytank.com

Environmental, Health and Safety System



ENVIRONMENTAL, HEALTH AND SAFETY SYSTEM PROGRAM

DOCUMENT NUMBER KTM-EHS-CON-FR-001

TITLE: CONTRACTOR ENVIRONMENTAL, HEALTH, & SAFETY QUALIFICATION QUESTIONNAIRE

EFFECTIVE DATE: April 4, 2011

REVISION: 0

PAGE 11 OF 11

INTERNAL USE ONLY

Contractor Name: _____

Contractor EMR: _____

Contractor TIR: _____

Extenuating Circumstances: _____

Specific steps to be taken to improve safety program:

Four horizontal lines for writing specific steps to improve safety program.

Approved: _____

Disapproved: _____

If disapproved, date contractor can resubmit package for consideration:

Horizontal line for date.

Environmental & Safety Director Signature

Horizontal line for signature.