



# Contractor's Environmental Health & Safety Disclosure

Company Name:

Application Date:

Address:

Phone#:

Fax #:

Email:

Company Contacts:

Name	Position

Environmental Health & Safety (EHS) Personnel:

Name	Position (specify full or part-time)

Contractor's License Type and Number:

CT Registration #:

Business Volume – Annual Sales \$

Business Class

Large	Minority	
Small	Women Owned	
Number of Employees		

Labor Relations

Union	Non Union	
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Bargaining Unit:

Group Covered:

Contract Expiration Date:

List of Sub-Contractors You Use:

Company	City	State	Products

Do you review or audit your subcontractor's EHS compliance and training programs? Please explain how you verify that they work safely and comply with all applicable regulatory requirements:

**1. List Contractors insurance coverage limits.**

General Liability	\$	Per occurrence (Primary)
	\$	Per occurrence (Excess)
Automobile Liability	\$	BI per person
	\$	BI per occurrence
	\$	PD per occurrence

Prior to the contractor starting any work at Jacobs Vehicle Systems, the contractor shall furnish to Jacobs Vehicle Systems certificates of Insurance listing Jacobs Vehicle Systems as named insured. Jacobs Vehicle Systems is to be notified in writing, in the event that any such insurance policies expire, terminate or are cancelled. All documents and correspondence regarding insurance are to be addressed to the Facilities Manager

**2. State your bonding capability and the name address and agents name of your bonding company.**

<b>SAFETY</b>		
1. List your firm's Workers Compensation Experience Rates (EMR) for the last three years.		
Last Year	2 Years ago	3 Years ago
Policy Anniversary Date:		
For what state(s) is (are) the EMR(s) you are submitting?		
Is the EMR for the entire company or for a particular department or division?		

**2. Using information from your OSHA form 200/300, provide injury and/or illness data for the last three years as follows (Contractor may submit OSHA Form 200/ 300 for the past 3 years in lieu of completing this section):**

	Last Year	2-Years ago	3-Years ago
a. Number of fatalities***	_____	_____	_____
b. Number of lost workday/restricted duty cases*	_____	_____	_____
c. Number of OSHA recordable injury/illness cases (Medical attention only**)	_____	_____	_____
d. Total hours worked for each year	_____	_____	_____
e. Incident rates for lost workday/restricted duty cases defined as follows:	_____	_____	_____
<u>DAFW Cases x 200,000</u>			
Total Hours Worked during the year			
f. Incident rates for total OSHA recordable injury cases:	_____	_____	_____
<u>OSHA Rec Cases x 200,000</u>			
Total Hours Worked (given year)			

**3. Please provide an explanation of the cause and corrective actions related to any fatality, if occurred:**

**4. Please provide data/reports from any accident or injury suffered by an employee of the Contractor at Jacobs Vehicle Systems.**

<b>WRITTEN SAFETY PROGRAM</b>	<b>YES</b>	<b>NO</b>
<b>5. Do you have a formal written safety program? (If yes please provide an electronic copy)</b>		
<b>6. Are the following elements present in your written safety program:</b>		
• <b>Written Lockout / Tagout policy</b>		
• <b>Written Environmental Health &amp; Safety Policy</b>		
• <b>Defined channel of communication for reporting accidents</b>		
• <b>Defined safety program goals</b>		
• <b>Enforcement policy</b>		
• <b>Employees (job-specific) safety responsibility descriptions</b>		
• <b>Safety training requirements, program and documentation methods</b>		
• <b>Hazard communication program</b>		
• <b>Substance abuse program</b>		
• <b>Periodic inspection and work site observation requirements</b>		
• <b>Accident investigation with individual and periodic summary reports</b>		
• <b>Emergency response and evacuation requirements</b>		
• <b>Personal protective equipment training and documentation methods</b>		
• <b>Craft specific written safe practices codes</b>		

SAFETY TRAINING PROGRAM			
7. Do you have an employee orientation and regular training program covering the following?	Initial Orientation	Annual Training	N/A
• Lockout /Tagout Training			
• Contractor safety policy; rules; safety records			
• Hazard recognition/ reporting			
• First aid			
• Injury reporting			
• Personal protective equipment			
• Respiratory protection			
• Fire protection			
• Scaffolding			
• Housekeeping			
• Hazard Communication/ Toxic substances / Chemical Safety			
• Electrical safety			
• Fall Arrest/ Protection, Safety belts and lifelines			
• Driving safety			
• Signs, barricades and flagging			
• Trenching and excavation			
• Rigging and crane safety			
• Environmental regulations			
• Drug and alcohol abuse programs			

<b>SAFETY TRAINING QUESTIONNAIRE</b>	<b>YES</b>	<b>NO</b>
<b>8. Are site safety meetings held for employees?</b>		
<b>How frequently? (Please specify weekly, bi-weekly, monthly, or other):</b>		
<b>Are they documented?</b>		
<b>Are subcontractors included?</b>		
<b>9. Do you designate a job-site safety coordinator?</b>		
<b>If yes, what other functions does he have?</b>		
<b>10. Are field inspections conducted?</b>		
<b>If yes, by whom? How often?</b>		
<b>11. Are actions taken when employees fail to comply with job-site safety regulations?</b>		
<b>Explain:</b>		
<b>12. Is safety criteria used during employee performance evaluation?</b>		

<b><u>Drug and alcohol abuse program</u></b>	<b>YES</b>	<b>NO</b>
<b>13. Does Contractor have a written drug and alcohol policy?</b>		
<b>14. Does Contractor have a firearm and job-site search policy?</b>		
<b>If yes, please furnish a copy.</b>		
<b>15. Are the following elements present?</b>	<b>YES</b>	<b>NO</b>
• <b>Written drug and alcohol policy</b>		
• <b>Supervisor education program</b>		
• <b>Drug and alcohol awareness training for employees</b>		
• <b>Written notice to employees of illegal drugs, alcohol firearms and job-site search policy</b>		
• <b>Pre-employment drug testing</b>		
• <b>Job site searches/inspections</b>		
• <b>For-cause testing</b>		
• <b>Post-incident testing</b>		
• <b>Random testing of employees in safety sensitive positions</b>		
• <b>Initial and annual written certifications to owner</b>		
<b>16. Can Contractor provide documentation that all employees have a pre-employment substance testing prior to commencing work?</b>		
<b>17. Please provide records/evidence that supports the above employee training and other documentation. Records must show and identify employee, date of training or certification, and means or verifying the employee understood the training.</b>		



The contractor listed below agrees that the following statement will become part of any purchase order/supply agreement entered into between Jacobs Vehicle Systems and the contractor.

“The contractor represents that he is an independent contractor. The contractor agrees to indemnify, defend, and hold harmless Jacobs Vehicle Systems its officers, agents, servants, employees, successors and assigns, and further agrees to indemnify, hold harmless, and defend the property owner Jacobs Vehicle Systems, and any shareholders, partners, agents, servants or employees of the owner as well as any members, tenants, guests, invitees and licensees thereof from and against any and all claims, suits, judgements, damages, or causes of action of any kind, nature or description whatsoever, including any and all costs, reasonable attorney’s fees and expenses arising out of such claims, suits, judgements, damages, or causes of action, arising out of or from the contractor’s performance of this contract by contractor or by any of the contractor’s officers, shareholders, agents, servants, employees, guests, subcontractors, invitees and those doing business with the contractor or any subcontractor of the contractor. Also the contractor must supervise its own employees, conform with all OSHA, EPA, and DEP regulations, to provide suitable training and Personal Protective Equipment to its workforce in accordance with all relevant OSHA, EPA, DEP regulations and to advise Jacobs Vehicle Systems of any and all hazardous chemicals the contractor either uses or stores on the property and in connection with such chemicals, will either provide Jacobs Vehicle Systems with copies of all appropriate Material Safety Data Sheets or will make its MSDS sheets readily accessible to all workers while they are in the workplace during the work shift.”

**Contractor Name:** \_\_\_\_\_

**Authorized Company Representative:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Jacobs Vehicle Systems**

**Authorized Company Representative:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_