

CONTRACTOR EHS ASSESSMENT

Purpose: To assess a contractor or subcontractor's previous environmental, health and safety performance for consideration as a Wright State University (WSU) Approved Contractor. Approval is valid for three years from the date of approval unless unacceptable performance is unresolved. Contractors that do not provide their information and information subcontractors they employ shall not be allowed to work at WSU.

SECTION 1: GENERAL INFORMATION

Name of Contractor or Company _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone _____ Mobile Phone _____ Fax _____

EHS Contact Person _____ Email Address _____

Description of Services _____

SECTION 2: LEVEL 2 AND 3 CONTRACTORS ONLY (VPP sites may require annual submission of this information)

Worker's Compensation Information

Worker's Comp Last Three Year History

Carrier Name: _____	Experience Modification Rate:	20____	20____	20____
	EMR Form Attached (required):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Average Number of Employees:			

SECTION 3: LEVEL 3 CONTRACTORS ONLY (VPP sites may require annual submission of this information)

Environmental Health & Safety Information—Last Three Year History

Number of work related incidents resulting in an employee missing a day of work due to an injury or illness:
 Year: 20____ Number _____ Year: 20____ Number _____ Year: 20____ Number _____

Number of total injuries recorded on your OSHA log (n/a for non-US companies, or companies with less than 10 employees): _____

Number of government/regulatory agency reportable chemical releases has your company been responsible for? _____

Did your company received any government/regulatory agency citations in the past twelve months? Yes No
If Yes, attach summary information.

Have your employees been trained, certified or licensed where necessary to perform tasks in a safe and environmentally sound manner following government/regulatory agency requirements per page two of this form? If No, indicate what training your employees do receive on page two in the row marked "Other". Yes No

Does your company have written environmental and safety procedures for your employees to follow including items the items checked above? WSU reserves the right to receive a copy upon request. Yes No

Does your company have a process to assess work site hazards prior to commencing work? Yes No

How often do you audit/inspect your employees to ensure they are working in a safe and environmentally sound manner? Daily Weekly Monthly
 Other: _____

Did your company win any environmental or safety awards in the past twelve months? If so, what was the name of the sponsoring organization? Yes No _____

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Level III Trades Written Program and Employee Training Requirements

Please circle the trade in this column that most represents your business or circle "Other" and check the appropriate boxes as applicable.



	Aerial Lifts or Industrial Trucks	Compressed Gas Cylinders	Confined Spaces	Cranes and/or Hoisting Equip.	Electrical and Arc Flash Safety	Electrical High Voltage	Elevated Work (Fall Protection)	Hazardous Materials Communication	Hazardous Waste Operations	Ladders	Lockout/Tagout	Personal Protective Equipment	Pre-job Hazard Assessment	Portable Tools	Respiratory Protection	Scaffolds	Trenching and Excavating	Waste Management	Welding Cutting and Brazing
Abatement -Lead/Asbestos	X		X				X	X		X	X	X	X	X	X	X		X	
Carpentry	X		X				X	X		X		X	X	X		X			
Construction	X	X	X	X			X	X		X	X	X	X	X		X	X		X
Cleaning -Custodial	X		X				X	X		X		X	X						X
Cleaning - Industrial	X		X				X	X		X	X	X	X	X	X				X
Electrical over 600V	X		X		X	X	X	X		X	X	X	X	X					
Electrical up to 600V	X		X		X		X	X		X	X	X	X	X					
Fencing							X			X		X	X	X					
Flooring								X				X	X	X	X				
Hazardous Waste								X	X	X		X	X	X					
HVAC	X	X	X	X	X	X	X	X		X	X	X	X	X				X	X
Landscaping/Grounds Keeping								X		X		X	X						
Mechanical	X	X	X	X			X	X		X	X	X	X	X		X		X	X
Overhead Doors	X				X					X	X	X	X	X					
Other (check appropriate boxes)																			
Painting	X		X				X	X		X		X	X		X	X			
Paving	X							X				X	X	X					
Pipe Fitting	X	X	X	X			X	X		X	X	X	X	X	X	X			X
Rigging	X			X			X			X	X	X	X	X					
Roofing	X			X			X	X		X		X	X	X		X			
Sheet Metal	X		X				X	X		X	X	X	X	X		X			

SECTION 4: SIGNATURE

The above information is true, complete and correct to the best of my knowledge and belief.

Signature

Date

Title