

Contractor Safety Questionnaire

At Electric Boat, Safety is our # 1 priority. Electric Boat's goal is to select suppliers of services and/or material that share this same goal. As a potential supplier, you are requested to complete the questionnaire below.

Employers who are required to maintain OSHA injury and illness records must complete this entire form. Employers exempt from OSHA recordkeeping do not need to respond to questions 7 – 16.

Company Name _____

Local Address _____

Person completing questionnaire

Name (print) _____ Title _____

Phone number _____ Email _____

Purchase Requisition # _____ Date _____

1) What type of work is your company proposing to perform at Electric Boat? _____

2) What is the primary function of your business? _____

3) Has your business experienced a work related fatality in the last three years?

4) If you responded yes to the above, provide a brief description for each fatality. _____

5) Did your company employ 10 or more people at any one time last year? _____

6) Does your company presently employ 10 or more people? _____

7) What is your company's Standard Industrial Classification (SIC) code? _____

8) What is your company's North American Industrial Classification System (NAICS) code? _____

9) What is your companies most recent year end Total Case Incident Rate (TCIR)? This rate should be calculated from the data obtained from your companies most recent 300A form (posted Feb. – April). See page two for instructions for calculating this rate. _____

10) What is your companies most recent year end Days Away from Work, Restricted Work Activity and/or Job Transfer (DART) rate? This rate should also be calculated from the data obtained from your companies most recent 300A form (posted Feb. – April). See page two for instructions regarding calculating this rate. _____

11) What is your company's present TCIR? _____

12) What is your company's present DART rate? _____

13) What is the most recent TCIR average for your industry as published by the Bureau of Labor Statistics (BLS)? _____

14) What is the most recent DART rate average for your industry as published by the BLS? _____

15) Does your company have written safety or health policies? _____

16) If you responded yes to the above, Has your written safety and health program been certified/approved by a 3rd party (e.g. Occupational Health and Safety Assessment Series (OHSAS) 18001, OSHA Voluntary Protection Program (VPP)? _____

Direct any questions to Bill Adams (401) 268-2221 (Quonset) or Don Peterson (860) 433-3352 (Groton)

Injury and Illness Rate calculations

Total Case Incident Rate (TCIR) = Total number of OSHA recordable injuries per 100 employees

$$\frac{\text{Total Recordable Cases} \times 200,000}{\text{Total hours worked}} = \text{TCIR}$$

Days Away, Restricted, and/or Transferred (DART) Case Incident Rate = Total Recordable Cases with Days Away, Restriction, and/or Transfer per 100 employees

$$\frac{\begin{aligned} &\text{Total number of cases with days away from work} \\ &+ \text{Total number of cases with job transfer or restriction} \end{aligned}}{\text{Total Recordable Cases with Days Away, Restriction, and/or Transfer}}$$

$$\frac{\text{Total Recordable Cases with Days Away, Restriction, and/or Transfer} \times 200,000}{\text{Total hours worked}} = \text{DART}$$