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| --- | --- |
|  | Contractor Pre-Approval Form |
|  |
| SAFETY AND LOSS CONTROL DATA TO BE PROVIDED |
| **(PLEASE COMPLETE EACH AND EVERY QUESTION IN ITS ENTIRETY)** |
|  |
| 1. | Applicant company name and address:  |  |
|  |
| 2. | Services to be provided: |  |
|  |
| 3. | List your firm’s Interstate Experience Modification Rate (EMR) for the current year plus the **past three years**. Use your intrastate EMR if not interstate rated. Attach a signed and dated letter from your workers' compensation insurance carrier verifying your EMR. **If self-insured**, attach a letter signed by a company officer stating that you are self-insured and do not have an EMR. |
|  |
|  |  | Year |  | Year |  | Year |  | Year |
|  |  | EMR |  | EMR |  | EMR |  | EMR |
|  |
| 4. | Provide your company’s injury experience for the current year plus the **past three years** by transferring data from your OSHA No. 300 logs into the table cells below, including total man-hours. |
|  |  | Year | Year | Year | Year |
|  | Number of OSHA recordable cases |       |       |       |       |
|  | Number of lost workday cases |       |       |       |       |
|  | Number of lost workdays |       |       |       |       |
|  | Number of restricted workday cases |       |       |       |       |
|  | Number of fatalities  |       |       |       |       |
|  | Total company man-hours worked  |       |       |       |       |
|  |
| 5. | Total employee head count for the last calendar year: |       |
|  |
| 6. | Has your company been cited by OSHA or an Environmental Regulatory agency in the last three years? |
|  | Yes | [ ] [ ]  | No | [ ]  | How often? |       |
|  | If yes, for what? |       |
|  |
| 7. | On lines a, b, and c below provide: 1) the name of one proposed Senior Representative/Lead Person/Supervisor who may be assigned to an Aerojet Rocketdyne project or job, 2) the names of three projects he/she was involved with (Aerojet Rocketdyne or other), 3) the number of corresponding OSHA recordable cases incurred (if any), and 4) the number of lost workday cases incurred (if any) - for each of the three projects. (Example: John Doe – ABC Company - OSHA Recordables: 1 – Lost Workdays: 0) |
|  | a. |       |
|  | b. |       |
|  | c. |       |
|  |
| 8. | Will a full-time or part-time safety supervisor be utilized on this project? | Yes | [ ] [ ]  | No | [ ]  |
|  | If yes, specify: |       |
|  |
| 9. | Safety, Health & Environment (SH&E) Contact: |       |
|  | Title: |       | Phone Number: |       |
|  | Qualifications: |       |
|  |
| 10. | Are you self-insured? | Yes [ ] [ ]  | No [ ] [ ]  |
|  | If no, name your insurance carrier: |       |
|   |
| 11. | How often will your insurance company’s loss control specialist visit the project site? |
|  | Never | [ ] [ ]  | Monthly | [ ]  | Quarterly | [ ]  | Annually | [ ] [ ]  |
|  |
| 12. | Within your organization, what Senior Construction Management personnel, or other designated company officer, directly receives insurance reports, forms, OSHA 300 logs, etc., from outside audit agencies and jurisdictional authorities? |
|  | Name |       | Title |       |
|  |
| 13. | Do you require that documented safety meetings be held for: |
|  | a. | Field Supervisor? | Yes | [ ] [ ]  | No | [ ]  | Frequency |       |
|  | b. | Employees? | Yes | [ ] [ ]  | No | [ ]  | Frequency |       |
|  | c. | New Hires? | Yes | [ ] [ ]  | No | [ ]  | Frequency |       |
|  | d. | Subcontractors? | Yes | [ ] [ ]  | No | [ ]  | Frequency |       |
|  | (Provide agendas, minutes or other dated material used in at least three safety meetings on two recent projects for each group above.) |
|  |
| 14. | Do you conduct documented safety inspections? | Yes | [ ] [ ]  | No | [ ] [ ]  | How often? |       |
|  |
| 15. | Do you have a home office safety representative who visits and audits the job? |
|  | Yes | [ ] [ ]  | No | [ ] [ ]  | If yes, provide the person’s name. If no, proceed to question number 18. |
|  | Title |       |
|  | Frequency of Visit to job site |       |
|  |
| 16. | Does the representative have the authority to make corrections? | Yes | [ ] [ ]  | No | [ ] [ ]  |
|  |
| 17. | To whom does the representative report? |
|  | Name |       | Title |       |
|  |
| 18. | Do you currently maintain a company program in compliance with applicable state “Right to Know” laws and OSHA Hazard Communication Standard for construction? | Yes | [ ] [ ]  | No | [ ] [ ]  |
|  |
| 19. | Does your company have a pre-work hazards assessment procedure? | Yes | [ ] [ ]  | No | [ ] [ ]  |
|  |
| 20. | How often do you audit/inspect your employees to ensure sound work practices? |       |
|  |
| 21. | Did your company receive any environmental or safety awards in the past three years? | Yes | [ ] [ ]  | No | [ ] [ ]  |
|  | If yes, please describe:  |        |
| 22. | In the table below, select only the categories of training that are applicable to your trade or industry and to your employees who have been trained, certified or licensed where necessary to perform tasks in a safe and environmentally responsible manner. All selected trainings below must be referenced in the Aerojet Rocketdyne Contractor Training Matrix (EHS-F-7.02.01.00.0027) in where employees’ names and training expiration dates are to be included. Categories selected below must correspond with your Training Matrix and vice versa.  |
|  |
|  | [ ]  Aerial Lifts  | [ ]  Emergency Evacuation | [ ]  Lockout/Tagout |
| [ ]  Asbestos Abatement | [ ]  Fall Protection | [ ]  Personal Protective Equipment (PPE) |
|  | [ ]  Asbestos Awareness | [ ]  First Aid | [ ]  Portable Tools |
| [ ]  CFC Removal | [ ]  Hazard Communication | [ ]  Powered Industrial Vehicles |
| [ ]  Company Safety Plan | [ ]  Hazardous Waste Operations | [ ]  Pre-Job Hazard Assessment |
| [ ]  Confined Space Entry  | [ ]  High Voltage | [ ]  Respiratory Protection |
| [ ]  CPR  | [ ]  Ladders/Scaffolds | [ ]  Trenching/Excavation |
| [ ]  Cranes and/or Hoisting | [ ]  Lead Abatement | [ ]  Welding, Cutting, and Brazing |
| [ ]  Electrical and Arc Flash Safety | [ ]  Lead Hazard Awareness | [ ]  Other:       |
|   |
| 23. | Has your company’s Injury and Illness Prevention Program “IIPP” been updated within the past year? | Yes | [ ] [ ]  | No | [ ] [ ]  |
| **This form will not be accepted for evaluation without the preparer’s signature and date below. The undersigned warrants and represents the data provided in this document is accurate in all respects.**  |
| **Name of Firm:** |       |
| **Preparer’s Name (PRINT)** |       |
| **Preparer’s Signature:** |  |
| **Title:** |       |
| **Phone:** |       |
| **Email:** |       |
| **Date:** |       |
|   |
| **Pre-Approval Coordinator Contact Information (if other than above)** |
| **Name (PRINT):** |       |
| **Title:** |       |
| **Phone:** |       |
| **Email:** |       |
|  |
| Management Exception AuthorizationAerojet Rocketdyne Management Representative Signature:      Date:      Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |