

**ENVIRONMENTAL, HEALTH & SAFETY (EHS)
Nitro Construction Services
SubContractor Questionnaire**

NCS Form 036

1. Name of highest ranking EH&S professional in the organization:			
Name:		Title:	
Phone:		Fax:	
Email:			
2. Do you have a written EH&S Program? Enclose a copy of EH&S Manual with Prequalification Submittal.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have all your employees received the required EH&S training, as well as refresher training and is it documented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you conduct EH&S Program inspections and audits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have a corrective action process for addressing EH&S performance deficiencies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have a written Incident Investigation procedure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have a written Drug and Alcohol Policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Statistics (Last 3 Years) from OSHA Logs a. Attach a copy of OSHA 300A Forms			
	Year	Year	Year
Number of Fatalities			
Lost workday injury and illness cases involving Restricted Work Activity of Job Transfer			
Lost workday injury and illness cases involving days away from work			
Injuries involving medical treatment only			
Total Employees hours worked			
Total OSHA recordable injury and illness rate			
Workers Compensation Experience Modification Rate (EMR)			
9. Has your company received any regulatory, civil or criminal citations in the last 3 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. If yes, give a brief explanation:			
11. Completed by:		Title:	Date:
Phone:	Fax:	Email:	
THIS DOCUMENT MUST BE SIGNED BY THE DESIGNATED SAFETY REPRESENTATIVE		Signature:	