** CURI Contractor **

 **Employer EHS Program**

**Questionnaire**

 **(TO BE COMPLETED BY THE CONTRACTOR COMPANY MANAGEMENT)**

1. Company Name:
2. Company Contact Name: Phone Number:
3. Injury and Illness Rates: TRIR: LTIR:

 Industry Average:

1. Written safety policies, procedures and training applicable to the work/task requested (select all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lockout Tagout |  | Powered Industrial Trucks |  | Hot Work |  |
| Confined Space |  | Working at Heights |  | Chemical Management |  |
| PPE |  | Electrical Safety |  | Respiratory Protection |  |
| Crane Operation |  | Forklift Operation |  | Man-lift Operation |  |
| List all other applicable safety policies, procedures and training: |

Note: Provide copies of these documents upon request.

1. All applicable EHS training completed for employees who will be completing the work?

Yes No

1. Is training documentation available? Yes No
2. Method in place for enforcing safety procedures: \_\_\_\_\_\_

Name: Signature:

Date: