

University of Dayton
Contractor Health and Safety
Questionnaire



Managed by:

Environmental Health & Safety/Risk Management
Department of Facilities Management
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Introduction

The University of Dayton (University) recognizes that many hazards are inherent in construction and other contract work. Compliance with environmental, health and safety regulations can prevent most serious injuries, provide pollution prevention and reduce property damage. This document assists the University in evaluating Vendor's health & safety programs and the types of work that will be performed on campus.

Omitting or reporting false information on this questionnaire could result in disqualification of work or removal from the University. The University reserves the right to conduct random or for-cause audits of information stated in this questionnaire or while on site. Additional documentation may be requested by the University to support statements made on the questionnaire. The University's department of Environmental Health & Safety/Risk Management (EHS/RM) may contract the Vendor to discuss safety programs in more detail and/or University requirements.

Company Details

Company Name: _____

Company Address: _____

Telephone: _____

Website: _____

Name of Person Completing
Questionnaire: _____

Position or title
within the Company: _____

Date: _____

Email: _____

Business Activity

Services provided by the Company:

Number of Direct Employees: _____

Number of Contract Employees: _____

Number of Subcontractors: _____

Does the company have a safety manager or safety representative? Y N

If yes, please provide:

Name: _____

Email: _____

Telephone: _____

UD Work Activities

Please provide a detailed scope of work and activities the company will provide for the University:

Company Health & Safety Information

Does the company have a written health and safety policy or program? Y N
(If yes, the company may be required to submit a copy of the policy or program.)

Are health and safety responsibilities clearly identified for all levels of staff? Y N

Is health and safety training conducted for the company employees? Y N

Have employees of the company completed the 10 or 30 hour OSHA training? Y N

Does the company document employee specialty training certifications such as crane operation, aerial lift operation, welding, asbestos handling, etc. for specific trades, equipment or job functions?

Y N

(If yes, proof of certification may be requested.)

Has the company prepared safe operating procedures or work site specific safety plan relevant to the scope of work provided for the University? Y N

(If yes, procedures or plans may be requested.)

Does the company have a formal system for reporting, recording and investigating incidents, injuries and/or illnesses? Y N

Does the company perform risk assessments or job hazard analysis for employee duties?

Y N

Does the company perform formal site specific safety inspections? Y N

Has the company had a fatality within the last 10 years? Y N

If yes, provide number of fatalities. _____

Has the company received any violations or citations from any federal, state or local agency having jurisdiction such as OSHA, EPA, Ohio Department of Health, Ohio EPA, Montgomery County Health District, RAPCA, City of Dayton Building Department, City of Dayton Fire Department, etc.?

Y N

If yes, please describe the violation or citation.

Does the company employ subcontractors? Y N

If yes, please detail how your company satisfies that the subcontractors are competent to undertake the work they are engaged for and have an acceptable policy in all aspects of health and safety.

Please check any/all work that the company will perform for the University:

- Hot work (such as welding, grinding, cutting, brazing, soldering, torching, etc.)
- Fire system impairments
- Confined space entry
- Fall protection
- Forklift operation
- Aerial lift operation
- Scaffolding/use of ladders/elevated surface work
- Use of respirators
- Heavy chemical use
- Handling Hazardous materials or Infectious materials
- Trenching
- Excavation
- Rigging or Crane operation
- High voltage work or Energized work
- Abrasive blasting
- High pressure water cleaning
- Heavy dust generation
- Extreme or high noise generation
- Environmental remediation

Declaration *(Print out the document to complete this section.)*

I/We declare that to the best of my knowledge the answers submitted in this Contractor Health and Safety Questionnaire are correct. I understand that the information will be used in the evaluation process to assess my company's suitability for UD's contractor management requirements.

Name: _____

Signature: _____

Date: _____

UD Project Manager: _____

Thank you for completing this questionnaire.
All information received will be treated as private and confidential.