



EHS CONTRACTOR PRE-QUALIFICATION FORM

COMPANY INFORMATION

DATE	
COMPANY NAME:	
ADDRESS:	
TELEPHONE NUMBER:	
E-MAIL ADDRESS:	
SIC CODE:	
COMPANY TYPE: (General Contractor, Mechanical, etc.)	
DESCRIBE SERVICES PERFORMED:	<input type="checkbox"/> Construction services <input type="checkbox"/> Construction Design <input type="checkbox"/> Original Equipment Manufacturer and Installer <input type="checkbox"/> Original Equipment Manufacturer and Maintenance <input type="checkbox"/> Service work (e.g., janitorial, clerical, etc.) <input type="checkbox"/> Manpower and Resource <input type="checkbox"/> Project Maintenance <input type="checkbox"/> Maintenance <input type="checkbox"/> Other

INSURANCE

AUTOMOBILE INSURING COMPANY: (Attach certificate showing Innophos as additional insured)	
TELEPHONE NUMBER:	
WORKERS COMPENSATION INSURANCE COMPANY: (Attach certificate showing Innophos as additional insured)	
TELEPHONE NUMBER:	
GENERAL LIABILITY INSURING COMPANY: (Attach certificate showing Innophos as additional insured)	
TELEPHONE NUMBER:	

RESOURCES

Name of Company Safety and Health Contact:	
EMAIL ADDRESS AND PHONE NUMBER:	

EHS CONTRACTOR PRE-QUALIFICATION FORM

SAFETY, HEALTH, AND ENVIRONMENTAL PROGRAM ELEMENTS

1. Does your company have a written safety program? <i>If yes, submit Table of Contents with your completed questionnaire.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your company have a written procedure to ensure safety and health issues are preplanned into each job (e.g., job hazard analysis, checklists, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your company have a written incident investigation procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do your procedures require near-miss incidents to be investigated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your company have a written safety training program? <i>If yes, submit a List of Courses with the completed questionnaire. If yes, does the program include the following:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NEW EMPLOYEE/PROJECT ORIENTATION	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOOLBOX SAFETY MEETINGS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DAILY JOB BRIEFINGS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SUPERVISOR SAFETY TRAINING	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TASK SPECIFIC TRAINING	<input type="checkbox"/> Yes	<input type="checkbox"/> No
APPLICABLE OSHA REQUIRED TRAINING (Hazard Communication, PPE, Lockout Tag-out, Elevated Work & Fall Protection, Confined Space Entry, Hot work, Bloodborne Pathogens, Powered Vehicle Operation – crane, forklift, man-lift).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHER SAFETY TRAINING:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your company have a written policy to ensure that only employees who are qualified by training and experience are allowed to operate equipment, tools, machinery, and vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your company designate, train and certify competent people as required by the applicable OSHA standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your company have a written procedure to audit projects to ensure all projects are in compliance with applicable laws, standards, requirements, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Does your company have a written procedure to screen subcontractors based on their past safety performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does your product or service have the potential to create a significant environmental impact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have a management system implemented (e.g., ISO 9000, VPP, etc.?) <i>If yes, please submit a copy of your certificate(s) with the completed questionnaire.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



EHS CONTRACTOR PRE-QUALIFICATION FORM

- | | | |
|--|------------------------------|-----------------------------|
| 12. Does your company certify that they have an employee background screening program that the employees working at the facility have successfully passed the screening process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

DRUG FREE WORKPLACE PROGRAM

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does your company have a written drug free workplace program that includes drug testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If the answer to question 1 is "yes", does your written drug free workplace program include the following: | | |
| PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| POST-LOST TIME INJURIES DRUG AND ALCOHOL TESTING | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| RANDOM DRUG AND ALCOHOL TESTING | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SUPERVISOR AND EMPLOYEE TRAINING | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CITATIONS

- | | | |
|---|------------------------------|-----------------------------|
| 1. Has your company received any Federal or State OSHA citations within the last three years? <i>If yes send information about the citation(s) and abatement.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. If the answer to question 1 is "yes", how many of each of the following types of citations have you received? | | |
| WILLFUL | | |
| IMMINENT DANGER | | |
| SERIOUS | | |
| NON-SERIOUS | | |
| DE MINIMUS | | |
| 3. Has your company received a Notice of Violation from the EPA within the last three years? <i>If yes send information about the violation(s) and corrective action.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

LOST-TIME INJURIES AND ILLNESS STATISTICS

	2023 Year	2022 Year	2021 Year
1. How many man-hours has your company worked in each of the last three years?			
2. How many OSHA recordable injuries did your company experience in each of the last three years?			
3. Based on the below listed formula, what are your incident rates for each of the last three years? $\frac{\text{Number of OSHA recordables} \times 200,000}{\text{man-hours worked}}$			
4. How many lost-time injuries has your company experienced in each of the last three years?			



EHS CONTRACTOR PRE-QUALIFICATION FORM

	20 Year	20 Year	20 Year
5. Based on the formula below, what is your lost workday case rate for each of the last three years? $\frac{\text{Number of lost time injuries and illnesses} \times 200,000}{\text{man-hours worked}}$			
6. How many fatalities has your company experienced in each of the last three years? <i>Send summary of what happened and corrective action for each.</i>			

WORKERS' COMPENSATION EXPERIENCE MODIFICATION RATE

	2023 Year	2022 Year	2021 Year
List your Company's Workers' Compensation Experience Modification Rate (EMR) for each of the last three years? <i>Submit EMR for each of last 3 years on your insurance company letterhead.</i>			

CERTIFICATION

Is there any additional information you feel we need to know to properly evaluate your company's safety and health program? If yes, please explain below or attach additional sheets

NAME OF THE PERSON COMPLETING THIS QUESTIONNAIRE
(PLEASE PRINT)

SIGNATURE OF THE PERSON COMPLETING THIS QUESTIONNAIRE:

Title:



EHS CONTRACTOR PRE-QUALIFICATION FORM

CONTRACTOR STATEMENT OF COMPLIANCE

I understand Innophos site safety rules. I understand applicable Innophos site procedures for Lockout/Tag-out, Line Entry, Hot Work, Elevated Work, Confined Space Entry, and PPE Requirements. I agree to comply with Innophos site safety rules and procedures, applicable OSHA regulations, and to follow recognized and generally accepted safety practices. Innophos rules and procedures will be reviewed with my company's personnel who will be working at Innophos. I ensure my company's personnel will abide by Innophos rules and procedures, and will understand hazards before starting work.

NAME :
(PLEASE PRINT)

SIGNATURE:

TITLE:

COMPANY:

DATE:



EHS CONTRACTOR PRE-QUALIFICATION FORM

MANDATORY SUBMISSION DOCUMENT CHECKLIST

(CONTRACTOR TO CHECK OFF WHAT IS PROVIDED)

- ☐ SAFETY PROGRAM TABLE OF CONTENTS
- ☐ SAFETY TRAINING PROGRAM (LIST OF COURSES)
- ☐ SAFETY MANAGEMENT SYSTEM CERTIFICATE
- ☐ INFORMATION FOR OSHA FEDERAL OR STATE CITATION(S)
- ☐ INFORMATION FOR EPA VIOLATION(S)
- ☐ INFORMATION FOR ALL FATAL INJURIES OR ILLNESSES