



**CITY OF BURLINGTON
CONTRACTOR'S SAFETY INFORMATION
CHECKLIST FORM**

PURPOSE: Safety is important to the City of Burlington; therefore, compliance with the standards set forth by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) will be used as criteria in the selection of contractors. Please supply the following safety information for your company. The City of Burlington must ensure that this information is obtained prior to awarding a contract.

| | | | |
|--|--|--------------|--|
| NAME OF CONTRACTOR: | | | |
| STREET ADDRESS CITY, STATE, ZIP | | | |
| TELEPHONE: | | | |
| SIC CODE: | | DATE: | |

| SAFETY PROGRAM | YES | NO | |
|--|------------|-----------|----------------------|
| Please provide your current written safety manual. (Note: If your safety manual is already on file with the City of Burlington, resubmission is not necessary unless there have been changes) | Only | submit | upon request by City |
| Does your company have a designated person who is responsible for safety compliance? Name and Title: | | | |
| Does your company have a formal safety program to ensure compliance with OSHA regulations and specific City of Burlington safety programs, if applicable? | | | |
| Does your overall safety program include the following? (if applicable) | | | |
| • Job Hazard Analysis | | | |
| • Asbestos Compliance Plan (Construction) | | | |
| • Bloodborne Pathogens Exposure Control Plan | | | |
| • Confined Space Entry Program | | | |
| • Control of Hazardous Energy (Lockout/Tagout) Program | | | |
| • Electrical Safety Program | | | |
| • Emergency Action Plan | | | |
| • Emergency Response Plan | | | |
| • Ergonomics Program | | | |
| • Fall Protection Plan (Construction) | | | |
| • Fall Protection Plan (General Industry) | | | |
| • Fire Prevention Plan | | | |
| • First Aid Program | | | |
| • Forklift Operation Certification | | | |
| • Hazard Communication Program | | | |
| • Hazardous Waste Operations and Emergency Response | | | |
| • Hearing Conservation Program | | | |
| • Integrated Contingency Plan | | | |
| • Laboratory Standard Program | | | |
| • Lead Exposure (Construction) | | | |
| • Machine/Equipment Safety and Guarding Program | | | |
| • Means of Egress Program | | | |
| • Oil Spill Prevention and Response Plan (DOT) | | | |
| • Personal Protection Program including PPE Hazard Assessment | | | |
| • Process Safety Management Program | | | |

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| OVERALL SAFETY PROGRAMS - CONTINUED | YES | NO | |
|--|------------|-----------|-------------------|
| • Recording and Reporting Injuries and Illnesses | | | |
| • Respiratory Protection Program | | | |
| • Risk Management Program | | | |
| • Scaffolding Safety Program (Construction) | | | |
| • Spill Prevention, Control and Countermeasure (EPA) | | | |
| • Steel Erection Plan (Construction) | | | |
| • Substance Abuse Program | | | |
| • Toxic and Hazardous Substances Compliance Program | | | |
| • Welding and Cutting Safety Program | | | |
| • Work Zone Safety Plan | | | |
| • Workplace Violence and Security Program | | | |
| Does your company provide on-site supervision to ensure compliance with OSHA regulations and City of Burlington safety programs? | | | |
| Does your company provide management of subcontractors to ensure compliance with OSHA regulations and City of Burlington safety programs? | | | |
| Does your company conduct regular safety meetings? | | | <u>How Often?</u> |
| Does your company provide and document required initial and refresher training to prepare employees to perform duties in accordance with OSHA regulations and City of Burlington safety programs? NOTE: If a contract is awarded, training documentation will be required prior to commencement of work for the City of Burlington. | | | |

| COMPLIANCE HISTORY | YES | NO | |
|---|------------|------------|-------------------------------|
| Has a serious, willful or repeat OSHA citation been issued to your company within the last three years? (If unsure, please check the OSHA website at www.osha.gov and click on <i>Establishment Search</i> . This site also provides SIC numbers.) If yes, please provide a copy of the citation and a certification of abatement. | | | <u>Date(s) of Citation(s)</u> |
| Line & Service Contractors: Is your Federal Motor Carrier Safety Rating Satisfactory? (This can be found at www.saferys.org . If not, state what the rating is.) (Unsatisfactory or Conditional). | | | <u>Rating?</u> |
| Has your company and/or any employee been convicted of a violation of any federal or state occupational safety and health laws? If yes, please attach a description of the case, including the outcome and/or resolution. | | | <u>Date</u> |
| Using your company's OSHA 300 Log for the past three years: (Please indicate year) | <u>Yr:</u> | <u>Yr:</u> | <u>Yr:</u> |
| • What was the total number of injuries and illnesses? | | | |
| • What was the total number of cases involving lost workdays and/or restricted days? | | | |
| • What was the total number of fatalities? | | | |
| Employee hours worked each year for the last 3 years: | | | |
| OSHA Incident Rate for the last 3 years: | | | |
| Lost Workday Incident Rate for the last 3 years: | | | |

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Please have an authorized representative of the company who is responsible for your company's safety program sign below certifying that the information provided on this form is current and accurate. Providing false information may result in termination of the contract. **NOTE: INCOMPLETE FORMS CANNOT BE PROCESSED.**

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Vendor Information

Please provide the basic information and primary contact information of the primary Vendor in your Proposal.

| | |
|---|--|
| Vendor Name: | |
| Address | |
| Parent Company (If Any): | |
| Primary Contact: Name | |
| Title | |
| Phone | |
| Email | |
| Alternate Contact: Name | |
| Title | |
| Phone | |
| Email | |
| Main Office for Proposed Project Management | |
| Address | |
| Project Manager: Name | |
| Phone | |
| Email | |

Vendor References

Please provide reference information for 5 utilities currently utilizing the components of your proposed solution. Vendors should give priority to references that have incorporated all major components of the proposed solution and illustrate the effective integration of the components in the Proposal.

| Vendor Reference 1 | |
|-----------------------------------|--|
| Reference: | |
| Installation Date: | |
| # of Residential Water Endpoints: | |
| # of C&I Water Endpoints: | |
| Applications in Use: | |
| Headend in Operation: | |
| MDM in Operation: | |
| CIS in Operation: | |
| Contact Name: | |
| Contact Title: | |
| Phone: | |
| Email: | |
| Address: | |

| Vendor Reference 2 | |
|-----------------------------------|--|
| Reference: | |
| Installation Date: | |
| # of Residential Water Endpoints: | |
| # of C&I Water Endpoints: | |
| Applications in Use: | |
| Headend in Operation: | |
| MDM in Operation: | |
| CIS in Operation: | |
| Contact Name: | |
| Contact Title: | |
| Phone: | |
| Email: | |
| Address: | |

| Vendor Reference 3 | |
|-----------------------------------|--|
| Reference: | |
| Installation Date: | |
| # of Residential Water Endpoints: | |
| # of C&I Water Endpoints: | |
| Applications in Use: | |
| Headend in Operation: | |
| MDM in Operation: | |
| CIS in Operation: | |
| Contact Name: | |
| Contact Title: | |
| Phone: | |
| Email: | |
| Address: | |

| Vendor Reference 4 | |
|-----------------------------------|--|
| Reference: | |
| Installation Date: | |
| # of Residential Water Endpoints: | |
| # of C&I Water Endpoints: | |
| Applications in Use: | |
| Headend in Operation: | |
| MDM in Operation: | |
| CIS in Operation: | |
| Contact Name: | |
| Contact Title: | |
| Phone: | |
| Email: | |
| Address: | |

| Vendor Reference 5 | |
|-----------------------------------|--|
| Reference: | |
| Installation Date: | |
| # of Residential Water Endpoints: | |
| # of C&I Water Endpoints: | |
| Applications in Use: | |
| Headend in Operation: | |
| MDM in Operation: | |
| CIS in Operation: | |
| Contact Name: | |
| Contact Title: | |
| Phone: | |
| Email: | |
| Address: | |