

C. Health & Safety Program Information

1. While performing work for LCRA, will any of your employees perform or be affected by the following activities: (Check all that apply)

Electrical Work (Energized)	<input type="checkbox"/>	Operate Forklift Trucks	<input type="checkbox"/>	Work with Hazardous or Toxic Chemicals	<input type="checkbox"/>
Lockout/ Tagout	<input type="checkbox"/>	Mechanized Equipment	<input type="checkbox"/>	Handle Hazardous Waste	<input type="checkbox"/>
Fall Protection Equipment	<input type="checkbox"/>	Material Hoists, Personnel Hoists, or Cranes	<input type="checkbox"/>	Hazardous Materials spill cleanup or remediation	<input type="checkbox"/>
Confined Spaces and/or Confined Space Permits	<input type="checkbox"/>	Rigging Operations	<input type="checkbox"/>	Blood borne Pathogens or Other Potential Infectious Materials	<input type="checkbox"/>
Excavation/Trenching/Shoring	<input type="checkbox"/>	Demolition Activities	<input type="checkbox"/>	Asbestos Materials	<input type="checkbox"/>
Conduct Welding/Cutting/Brazing	<input type="checkbox"/>	Erect or Use Scaffolding	<input type="checkbox"/>	Work with Cadmium, Lead, Beryllium, or Arsenic	<input type="checkbox"/>
Blasting Activities	<input type="checkbox"/>	Respiratory Protection	<input type="checkbox"/>	Ionizing or Non-Ionizing Radiation	<input type="checkbox"/>
Powder Actuated Tools	<input type="checkbox"/>	Work in/around High Noise	<input type="checkbox"/>	Work with Lasers	<input type="checkbox"/>

2. Do you have a written Health & Safety Program, Manual, and/or Handbook?

Yes. If requested, please provide supporting materials. No

3. Does your company have a Substance Abuse program?

Yes No

4. Does your company conduct injury, incident, or near miss investigations and document Root Causes and Action Plans for corrective actions?

Yes No

5. Does your company hold safety meetings for employees?

Yes No Frequency: Monthly Weekly Daily

6. Does your company monitor the safety program and performance of your subcontractors?

Yes No Frequency: Monthly Weekly Daily

D. Supplemental Information

1. Please list any additional information that you feel will help LCRA determine your company's qualifications and expertise, including owner and general contractor references, etc.
2. Please attach required copies of any current licenses or certifications, or other required documentation with your submittal.

I understand all questions as stated above, and have answered them truthfully and to the best of my knowledge.

Name of Company Principle Completing Form _____

Title _____ Phone _____

Signature _____

Date _____

Contractor Health and Safety Questionnaire Form Explanation (Incident Experience Data)

Incident Experience Data

The firm should provide sufficient Incident Experience Data.

1. The average number of employees on the company's payroll for the last three years provides a historical snapshot of the size of the firm, and is used to determine their incident rates, experience modifier rating, etc.
2. The interstate Workers Compensation experience modifier rate (EMR) information for the past three years is illustrated in a numerical value. Typically, an EMR of (1.0) or less is considered preferred. An EMR of greater than (1.0) may indicate that the firm has experienced a higher than normal frequency of incidences, or that the severity and cost associated with those incidences was significant. However, one should not assume that a firm with an EMR of greater than (1.0) is necessarily a risk. Several factors may contribute to a higher EMR and the EMR should be considered as part of the overall evaluation but not the defining factor in awarding a contract. Please consult with your business unit safety personnel if necessary.
3. The worker's compensation loss ratio for the past three years is a numerical ratio calculated using the claims experience of a firm, related to their worker's compensation insurance premium. A loss ratio over 100% could indicate that either the firm has experienced a significant amount of small claims (this is especially true when a large firm has a high loss ratio) or that the firm has incurred significant monetary loss associated with one or more serious injuries or fatalities. For example, a small firm theoretically would have a smaller annual worker's compensation premium than a large firm. Any significant loss experienced by the smaller firm would increase their loss ratio. The loss ratio is a good indicator of a firm's overall amount and severity of incidents.
 - Loss - The amount an insurance company pays on a claim.
 - Loss History - Refers to an insured's history of losses (claims) with other companies, or the company they are currently with. A company will consider "loss history" when underwriting a new policy or considering a renewal of an existing policy. Companies view "loss history" as an indication of an insured's propensity for a claim in the future.

