



CONTRACTOR SAFETY EVALUATION

General Organization Information:

Date: _____

Company Name: _____ Phone: _____

Physical Address: _____

How many years has your organization been in business under your current name? _____

Please provide your North American Industrial Classification (NAICS): _____

Officers of the Company:

- President: _____
- Vice President: _____

Parent Company Name: _____

Parent Company Address: _____

Person completing this survey: _____

Title of person completing survey: _____

Phone number of person completing survey: _____

Email of person completing survey: _____

Average number of employees in the last three years: Direct Hire: _____

Temp: _____

Highest ranking safety / health professional in the company:

- Name: _____ Title: _____ Phone: _____
- Email: _____

Describe the type of work your company performs or proposes to perform for CenterPoint Energy.



1.0 SAFETY PROGRAM

YES NO N/A

- 1.1 Does your company have a documented safety program and manual?

Please submit (electronic is acceptable) one copy of your current safety manual and a copy of your written corporate commitment statement to the CNP Electric Safety Dept.

(South Houston Complex Bld. "D" 4700 South Shaver Houston, TX 77034)

- 1.2 Do you have a safety orientation program for new hires?

- 1.3 Do you have a safety and health professional on staff?

- 1.4 Has your company received any regulatory (EPA, OSHA, etc.) citations in the last three years? (If yes please provide summary information)

- 1.5 Do you have and enforce a disciplinary program for willful or repeated violations of safety rules?

Please submit a copy of your current program.

2.0 TRAINING

YES NO N/A

- 2.1 Do you conduct and document safety training for field Supervisors?
Frequency: _____

- 2.2 Do you conduct and document "toolbox" safety meetings?
Frequency: _____

3.0 INCIDENT INVESTIGATION and ANALYSIS

YES NO N/A

- 3.1 Does your company have an incident/accident investigation and reporting procedure?
If yes, please attach the details and forms used.

4.0 FIRST AID and MEDICAL CARE

YES NO N/A

- 4.1 Do you have personnel on the job who are trained to administer first aid and cardiopulmonary resuscitation?

- 4.2 Are adequate first aid supplies available and maintained on site?

5.0 ALCOHOL and DRUG ABUSE PREVENTION PROGRAM

YES NO N/A

- 5.1 Do you have a written Alcohol and Drug Abuse Prevention Program? **Please provide a copy. If applicable, please provide a copy of DOT Drug and Alcohol Policy.**

6.0 CONTRACTOR DRIVING



6.1 Please provide your total Vehicle Accident Frequency Rate for the last 3 years?
 # of accidents x 1 million
 Actual miles driven 20__ 20__ 20__

7.0 SAFETY PERFORMANCE (use OSHA 300 for DATA)

Please attach a copy of your company's OSHA 300 log for the last three years to this evaluation.

Injury / Illness and OSHA Data:				
Employee hours worked the last three years (excluding subs)	Hours per year	20__	20__	20__
	Field			
	Total			

Notes – 1) Data should be the best available data applicable to the work in this region or area. 2) If you do not maintain OSHA 300 forms, provide information from your insurance carrier itemizing all claims for the last three years (Loss Run Report).	20__		20__		20__	
	No.	Rate	No.	Rate	No.	Rate
-- Injury related fatality						
-- Illness related fatality						
-- Days Away Restricted Transfer (DART) Injuries						
-- Total OSHA Recordable Injury / Illness						

Three Previous Calendar Years 20__ 20__ 20__

Number of Employees _____

Worker's Compensation Insurance Experience Modification Rate _____

EMR is: Interstate Rate Intrastate Rate Monopolistic State Rate Dual Rate
Please attach a copy of your company's EMR data from your insurance carrier for the last three years to this evaluation.

Signature _____ Title _____ Date _____