

CONTRACTOR HEALTH AND SAFETY QUALIFICATION FORM - MCW Campus

**MCW USE ONLY**

**Contractor Qualification Review:**       **Approved**                       **Not Approved**

**Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Reviewer:** \_\_\_\_\_

**Call 414.955.8293 or 414.955.8633 with questions**

**Contractor Information:**                      **Primary Contractor**                       **Sub-Contractor**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Primary Service Provided: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Safety Manager/Contact: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work performed (or under consideration for) at MCW: \_\_\_\_\_

**2. Insurance/Workers Compensation:**

Insurance Agent/Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Insurance Coverage (Describe): \_\_\_\_\_

\_\_\_\_\_

Workers Compensation Agent/Carrier: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**CONTRACTOR HEALTH AND SAFETY QUALIFICATION FORM - MCW Campus**

**3. Accident and Injury Info:**

**NAICS (North American Industry Classification System) Code** \_\_\_\_\_

**Experience Modifier Rate (EMR)** \_\_\_\_\_

Description of Metric	2015	2016	2017
<b>Incident Rate = (Recordable Injury and Illness cases x 200,000 hrs)/ total # employee labor hours worked</b>			
<b>DART Rate = (Total # incidents with one or more lost days or one or more Restricted Days x 200,000)/ total # employee labor hours worked</b>			
<b>Lost Time Case Rate = # (Lost Time Cases x 200,000)/ # Employee Labor Hours Worked</b>			
<b>Number of Company Employees</b>			
<b># Employee Labor Hours Worked</b>			

Has there been a work-related death, amputations, or hospitalizations within the past 5 years (e.g. required reporting to OSHA)? If yes, explain):

YES  NO

\_\_\_\_\_

\_\_\_\_\_

Has the company received a citation from a regulatory agency (OSHA, Wisconsin DNR/EPA, etc.) within the past 5 years? (If yes, explain):

YES  NO

\_\_\_\_\_

\_\_\_\_\_

**4. Health and Safety Programs:**

	YES	NO	N/A
Does the company have a written Health and Safety Program with written policies and procedures, accessible to the employees?			
Does the company have a health & safety professional on staff or are others with designated roles & responsibilities assigned for health and safety?			

CONTRACTOR HEALTH AND SAFETY QUALIFICATION FORM - MCW Campus

Note if the company has written programs, policies and procedures for the following Health & Safety areas	YES	NO	N/A
Personal Protective equipment (e.g. hardhat, shoes)			
Respiratory Protection Program			
Equipment Use/Inspection			
Housekeeping			
Work Area Control and Warning Signs			
Hot Work (e.g. welding, cutting, brazing, soldering)			
Chemical Use, Handling, and Storage			
Lead			
Electrical Safety (NFPA 70E, grounding)			
Control of Hazardous Energy (Lockout/Tagout)			
Hoists/Cranes			
Excavations/Trenching			
Accident Reporting and Investigation			

	YES	NO	N/A
Are employees adequately trained on these policies and procedures? What is the frequency of training?			
Are regularly scheduled safety meetings provided to the employees on the job site? What is the frequency of these meetings?			
Are job sites periodically inspected for safety policy/procedure compliance? What is the frequency of those inspections?			
Does the company use disciplinary action to enforce safety rules?			
If you use ladders on MCW property, please confirm that you are using your own company's ladders. Additionally, please forward your Ladder Safety Policy, indicating your periodic inspection process.			

CONTRACTOR HEALTH AND SAFETY QUALIFICATION FORM - MCW Campus

5. Additional Contractor Health and Safety Activities (What sets your company apart from others?): \_\_\_\_\_

---

---

---

**High Risk Procedures submitted with this application:**

---

---

---

Note: Contractors performing high risk/ hazard or regulated work (e.g., asbestos removal, confined space entry, work at elevated heights with scaffolding, lifts, ladders; crane work; electrical work;, etc) must submit work plans, written programs/plans if required by OSHA; procedures and/or the required licenses/certificates.

6. Company Authorization:

Authorizing Agent (Name): \_\_\_\_\_ Title: \_\_\_\_\_

Authorizing Agent (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed qualification form to your project manager or requesting MCW employee; place an electronic copy in BOX (if you haven't been assigned a workspace in BOX, send a copy to: [safetyinfo@mcw.edu](mailto:safetyinfo@mcw.edu)).