Appendix A
Contractor EHS Evaluation Package

This may only be used as approved by Risk Management and Safety (RMS) for small companies (e.g., less than 10 employees) and if they are the sole provider of the service. Please complete each Section and forward this form to your ND Representative who will then engage with RMS.

I. Company Information

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Parent Company (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Home Office Address</td>
<td>Home Office Address</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
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</tbody>
</table>

Individual Completing Form: ____________________________
Title: ____________________________________________
Phone Number: ______________________________________
Your classification for work: Prime Contractor       Subcontractor
Name of your University Representative:__________________________

1. Do you certify that your employees and other individuals (subcontracted labor, temps, etc.) hired by your company to work at University are: Drug and alcohol free? Yes No

2. Who is responsible for safety at your company?
   Name: ____________________________
   Title: ____________________________
   Phone #: ____________________________

3. Do you hire a safety consultant or firm to provide services? Yes No
   If yes, continue below:
   a. What is the contact information of the consultant or consulting firm?
      Name: ____________________________
      Phone #: ____________________________

4. Will all of the work at the University be self-performed by your own employees? Yes No - explain or list the type(s) of work that will be subcontracted.
   a. Do you have a procedure for evaluating the HS&E performance of sub-contractors prior to hire?
      No Yes – Describe:
II. STATISTICS and INFORMATION – Questions 1-4 pertain to the past twelve (12) months
1. How many full-time employees were employed at your company? ______
2. How many part-time or temporary employees were employed at your company? ______
3. Did OSHA inspect any of your job sites? No Yes
   If YES, were you cited for any violations? No Yes - attach or provide details below:
   (Details may be provided on a separate sheet)
4. What is your current Worker’s Compensation Experience Modification Rate (EMR)? ______
5. Did your company maintain an OSHA 300 Log for this year and the previous year? No Yes

Complete the information below or attached OSHA Form 300A for the previous 2 years.

<table>
<thead>
<tr>
<th>STATISTICS From OSHA 300 Log</th>
<th>Current Year Year:_____</th>
<th>Previous Year Year:_____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column G. # (Number) of Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column H. # of injuries / illnesses with days away from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column I. # of injuries / illnesses resulting in a job transfer or restriction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column J. # of other recordable cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Number of Hours Worked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury/Illness Rate (IIR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( IIR = \frac{200,000 \times (\text{Columns G+H+I+J})}{\text{Total Hours Worked}} )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. CERTIFICATION – By Authorized Company Representative
I hereby certify that all information provided herein is accurate and correct.

Representative Name (Printed):

Representative Signature:

Title: ____________________________ Date: ____________________________