



Legal Business Name:

Contact Name/Title:

Business Address:

Sole Proprietor Partnership Corporation Afiliate Joint Venture Subsidiary

Non-Profit Division of:

A. Parent Company:

B. Corporate Address:

C. Year Established:

D. Number of Employees:

E. State of Incorporation:

F. Subsidiary/Afiliations:

G. Type of Busines

H. Products or Services offered: Contractor Consultant Manufacturer Carrier Distributor Factory Rep.
Wholesaler Software Retailer Other:



A. Are you a certiyed diversity enterprise?

YES NO

YES NO



YES NO

A. Have you worked kg

Are you certiyed as, or a participant in a US Small Business Administration (SBA) program?

YES NO

YES NO

regional

national



Legal Business Name:

Contact Name/Title:

Business Address:

Mailing Address (if different than above):

Phone Number:

Fax Number:

Email Address:

Project:

A. Provide your company's EMR for each of the last three (3) years:

Policy Year:

EMR:

B. Furnish a letter from your insurance company verifying the EMR data listed above.

A. Provide the following data from your company's OSHA 300 Logs for each of the last three (3) years:

Year:

1. Number of employee hours worked
2. Number of fatalities
3. Number of OSHA recordable injuries
4. OSHA recordable incident rate
5. Number of lost workday cases
6. Lost workday incident rate
7. Number of cases with days away from work or restricted duty



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|---|-----|----|
| A. Have you had an OSHA citation in the past five years?
If yes, please attach details for each citation. | YES | NO |
| B. Do you have a written safety and health program?
If yes, please attach a copy.
If no, explain how your company's safety requirements are communicated to your employees: | YES | NO |
| C. Does your company have a Safety Officer or Safety Department?
If yes, please provide contact information:

If no, who in your company is responsible for your safety and health program? | YES | NO |
| D. Will your company assign full time supervision to this project? | YES | NO |
| E. Will your company assign a full time safety professional to this project?
If not, who will be responsible for safety on the jobsite?
At what frequency will this person visit the jobsite?
In this person's absence, who will be responsible for safety at the jobsite? | YES | NO |
| | YES | NO |
| Please attach a list of competent persons that will be assigned to this project and copies of their training records. | | |
| G. Does your company have a Personnel Protective Equipment (PPE) Policy?

If yes, what does it include?

If not, what PPE will your company require on this project? | YES | NO |
| H. Does your company have a substance abuse program designed to provide a drug free workplace?
If yes, please attach a copy.
If no, would you agree to adhere to MYR Group's Drug Free Workplace Policy? | YES | NO |
| I. Comment on any other areas of your company's safety program and policies that you feel will be appropriate in our evaluation. | | |

