

Contractor Qualification Questionnaire

Section 1: General Company Information

Date:

Company Name:

Address:

City, State, Zip Code:

Phone:

Owner / General Manager:

Business Codes

North American Industrial Classification System (NAICS):

Standard Industrial Classification (SIC):

Individual Responsible for Safety Programs:

Name:

Title:

Phone:

Email:

Section 2: Injury, Illness, and OSHA Citation History

1. Please list your company's interstate Experience Modification Rate (EMR) for the past 3 years:
 - a. Current: _____
 - b. Prior Year: _____
 - c. Second Prior Year: _____

2. Please provide your company's injury experience for the past 3 years as reported on your OSHA 300 log: Starting with most recent calendar year completed. Refer to 29CFR1904.1 for guidance on companies with 10 or fewer employees.

	1 st Prior Year	2 nd Prior Year	3 rd Prior Year
Total Number of Injury and Illness Cases	_____	_____	_____
Total Number of Cases with Days Away from Work	_____	_____	_____
Total Number of Cases with Job Transfer or Restriction	_____	_____	_____
Total Number of Hours Worked	_____	_____	_____
Total Recordable Case Rate	_____	_____	_____
DART Incidence Rate	_____	_____	_____
Total Number of Fatalities	_____	_____	_____

$$\frac{\text{\# of injury/illnesses X 200,000}}{\text{Total employee hours worked}} = \text{Total Recordable Case Rate}$$

$$\frac{\text{\# of injury/illnesses involving days away/restricted time X 200,000}}{\text{Total employee hours worked}} = \text{DART rate}$$

3. Has your company received an OSHA citation in the last 5 years? Yes, or NO.
If yes, please describe each citation in a separate document (include severity, type, and status).

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Section 3: Program and Task Approval Requirements

The following programs (if applicable to the scope of work) are required to be submitted to the Cintas hiring manager before bids are awarded. Failure to do so may result in termination of services.

Lock out Tag out (Any work involving electrical, equipment or utilities)

Confined Space entry

Live Electric work (NFPA70E)

Fall Protection (Work from ladders or at elevations at or above four feet, including company roof tops. This also includes any work done from an aerial or boom lift.

In addition, the following programs are required to be reviewed (if applicable to the scope of work) by a member of the Cintas Corporate Safety and Health staff prior to any bid being awarded or work beginning.

Trenching

Scaffolding

Cranes/Rigging

Any task on a Cintas roof without a Cintas safety monitor

Work involving the disturbance or removal of lead paint

Work involving the disturbance or removal of asbestos

Welding of stainless steel

Section 4: Insurance Requirements

All vendors, suppliers and contractors are required to meet minimum insurance and indemnification requirements as established by Cintas policy C-57. These requirements differ slightly depending on the nature of the goods or services provided, and whether the vendor, supplier or contractor has a valid Corporate Purchasing Agreement (CPA). The Cintas hiring manager will provide you with the necessary documents to ensure compliance.

Section 5: Cintas Contractor Safety Manual Acknowledgement

As a contractor representative for the company, as defined within the Cintas Contractor Safety Manual, I have read the most current version of the manual. It is understood that all contractor representatives for this company will hold all contractors and subcontractors under their supervision to the requirements contained within, and referenced by the Cintas Contractor Safety Manual. I understand that failure to abide by these requirements by any contractor or subcontractor under our representatives control may result in action taken by Cintas, up to and including termination of services.

(The most recent version of the manual may be viewed at):

http://www.cintas-corp.com/company/supplier_relationships/Vendor-Compliance.aspx

Contractor Representative Signature:

Date:
