

**Contractor**

**Safety Program**

**Questionnaire**

As a part of our contractor selection process, we require potential contractors to complete a safety program questionnaire. This helps us evaluate your safety practices and identify any gaps between our safety systems that may need to be addressed.

Scan and send a copy of the completed document to the person [PortEngineer@tdi-bi.com](mailto:PortEngineer@tdi-bi.com) and copy [HSE@tdi-bi.com](mailto:HSE@tdi-bi.com).

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| --- | --- |
| **CONTRACTOR DETAILS** | |
| Company Name: |  |
| Company Address: |  |
| Name of Person Completing this Form: |  |
| Position Held: |  |
| Date Questionnaire Completed: |  |
| Telephone: |  |
| Fax: |  |
| E-mail: |  |
| Name and position of person ultimately responsible for worker safety on this job: | Name:  Position: |
| Contact information: | Phone:  Email: |
| Emergency and After Hours contact information | #1- Name:  Position:  Phone: |
| #2- Name:  Position:  Phone: |

**Complete the Contractor’s Response column and provide documents where applicable.**

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| **Topic** | **Question** | **Contractor’s Response** | |
| 1.  Company Safety Policy | Does your company have a written safety and health policy?  If yes, provide a copy of the policy |  | |
| 2.  Implementation | b) How does your company assure safety procedures are followed on the work site? (toolbox talks, safety meetings, supervision, inspections, etc.) |  | |
| 3.  Evaluation | Does your safety system undergo external or internal audits?  If yes, provide most recent audit. |  | |
| 4.  Illness/ Injury Reportables | Please provide statistics for each year of the last two years:  **F** = Number of fatalities  **LTI** = Number of injuries resulting in employee being unable to work for one or more full days (Lost Time Injuries)  **NM** = Number of near miss reports | Year #1  F=  LTI=  NM= | Year #2  F=  LTI=  NM= |
| 5.  General Safety Policies/ Procedures | Does your company have a safety procedures manual?  If yes, provide a copy. |  | |
| 6.  Permits | Do you have a written procedure or require a permit for the following:  **Lockout/ tagout of energized equipment**  **Hot work**  **Confined Space Entry**  **Work at Heights**  Provide a copy of procedure and permits. |  | |
| 7.  Confined Space | Do you have a policy/ procedure for atmospheric testing of confined spaces before entry? Provide policy. |  | |
| Marine Chemist | How do you ensure the persons conducting the atmospheric testing are trained and qualified to recognize and mitigate the atmospheric hazards of confined spaces? |  | |
| Training | Describe the training you provide for your employees who do confined space entry. |  | |
| Communication | How do you monitor and communicate with workers in a confined space? |  | |
| Rescue drills | Do you have a confined space rescue team?  If yes, when did they last perform a drill? |  | |
| 8.  Fire Safety | Do you have a written policy for fire safety related to vessel repair activities? |  | |
| Fire Team | Do you have a designated fire safety team and fire-fighting equipment?  If not, how will you deal with a fire? |  | |
| Welders | How to you ensure that welders are properly trained? |  | |
| 9.  Personal Protective Equipment | TDI-Brooks expects all workers on the site to wear long pants and steel toed shoes. Additional PPE is required for specified tasks by the PPE Matrix and the JSA.  \*It is the contractor’s responsibility to provide appropriate PPE to their employees  Refusal to wear required PPE is a refusal to work. |  | |

The contractor will take prompt action to correct any safety violations to the satisfaction of TDI-Brooks management. Violation of TDI-Brooks’ policy or any applicable government law or regulation is grounds for cancelation of contract and revocation of access by the offending parties to any TDI-Brooks vessel.