

**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**

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

Injury and Illness Data	1st Prior Year	2nd Prior Year	3rd 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			

\_\_\_\_\_ # of injury/illness X 200,000

\_\_\_\_\_ Total employee hours worked = Total Recordable Case Rate

\_\_\_\_\_ # of injury/illnesses involving days away/restricted time X 200,000

\_\_\_\_\_ Total employee hours worked = DART rate

Has your company received any OSHA citations in the last 5 years? If the answer is Yes, please describe each citation in a separate document (include severity, type, and status).

Yes

No

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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 Program Acknowledgement**

As a contractor representative for the company, as defined within the Cintas Contractor Safety Program, I have read the most current version of the program. 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 Program. 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 program may be viewed at):

[Cintas Vendor Code of Conduct](#)

**Contractor Representative Signature:**

**Date:**