|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company NAME | | | | | | Principle of business | | | DATE | | | |
| ADDRESS | | | | | | | CITY | | STATE | | | |
| Company Officer | | | | | | | Title | |  | | | |
| Phone Number | | | | Fax Number | | Email Address | | | | |  |  |
| SIC (Standard Industrial Classification) Code | | | | | NAICS (North American Industry Classification System) | | | |  | | | |
| HEALTH AND SAFETY CONTACT INFORMATION | | | | | | |  | | | | | |
| Name | | | | | | Position |  | |  | | | |
| Phone Number | | | | Fax Number | | Email Address | | | | |  |  |
| pager number | | | | cell Number | |  |  | |  | | | |
| environmental contact INFORMATION | | | | | | |  | |  | | | |
| Name | | | | | | Position |  | |  | | | |
| Phone Number | | | | Fax Number | | Email Address | | | | |  |  |
| pager number | | | | cell Number | |  |  | |  | | | |
| **SEction 1:** | | | | | | |  | |  | | | |
|  | | | | | | |  | |  | | | |
| Please answer all of the following questions. | | | | | | | | | | | | |
| Has your company had a change in ownership in the last three years? | | | | | | | | YES  NO | | | | |
| Has your company ever performed work for CMSD/Huntington Ingalls Industries? | | | | | | | | YES  NO | | | | |
| When? | |  | | | | | | | |  | | |
| Where? | |  | | | | | | | |  | | |
| Type of work? | | |  | | | | | | |  | | |
|  | | | | | | | | | | | | |
| Has a qualification questionnaire been submitted to this Huntington Ingalls Industries site within the past year? If yes, when? | | | | | | | | YES  NO | | | | |
|  | | | | | | | |  | | | | |
|  | | | | | | | | | | | | |
| Will your employees be on site?  YES  NO | | | | | | | | | | | | |
| (If no skip to section 6) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Do you have a written Substance Abuse Policy (Mandatory)  YES  NO | | | | | | | | | | | | |
| Do you have a written Health and Safety Program (IIPP)  YES  NO | | | | | | | | | | | | |
| **SECTION 2: OSHA Citations or Environmental Notices of Violations** | | | | | | | |  | | | | |
| Has your company been issued a citation by OSHA in the past three years?  YES  NO  If “Yes”, provide citation date, written description of the citation, code reference and abatement action. | | | | | | | | | | | | |
| Has your company been issued an environmental NOV in the past three years?  YES  NO  If “Yes”, provide the date of the NOV, a written description of the NOV explaining what happened, why it happened and what programs were established to prevent future occurrence. | | | | | | | | | | | | |
| **SECTION 3: INJURY RATE EVALUATION** | | | | | | | | | | | | |
| Please submit copies of your Form OSHA 300A Summaries of Work-Related Injuries and Illnesses and your Experience Modification Rate for the last three complete calendar years. | | | | | | | | | | | | |
| **SECTION 4: SAFETY CHECKLIST** | | | | | | | | | | | | |
| Check the following safety programs which will be appropriate for the contracted work you are performing. For each box checked submit a copy of your policy or program that manages the issue to the CMSD EH&S Dept. CMSD reserves the right to request additional documentation as needed. | | | | | | | | | | | | |
|  | Blood borne pathogens | | | | | | | | | | | |
|  | Confined space entry meeting the requirements of 29 CFR 1915 subpart B | | | | | | | | | | | |
|  | Electrical safety-related work practices | | | | | | | | | | | |
|  | Fall Protection | | | | | | | | | | | |
|  | Fire Prevention Plan meeting the requirements of 29 CFR 1915 Subpart P | | | | | | | | | | | |
|  | Hazard communication | | | | | | | | | | | |
|  | Hazardous waste operations and emergency response | | | | | | | | | | | |
|  | Hearing conservation | | | | | | | | | | | |
|  | Lockout / Tagout | | | | | | | | | | | |
|  | Medical surveillance and first aid plan | | | | | | | | | | | |
|  | OSHA substance-specific standards, e.g., cadmium, lead, asbestos | | | | | | | | | | | |
|  | Personal protective equipment | | | | | | | | | | | |
|  | Powered industrial equipment/trucks | | | | | | | | | | | |
|  | Respiratory protection | | | | | | | | | | | |
|  | Scaffolding | | | | | | | | | | | |
|  | Welding / Hot Work, including Fire watch | | | | | | | | | | | |
|  | Reporting System for Internal Accident Reports | | | | | | | | | | | |
| Written Health and Safety Program (IIPP)  Material Safety Data Sheets (MSDS) of hazardous materials. (Hazardous materials brought on site must be provided to the Environmental Health and Safety Department prior to starting work. | | | | | | | | | | | | |
| **SECTION 5: ENVIRONMENTAL CHECKLIST** | | | | | | | | | | | | |
| Check the following environmental programs which will be appropriate for the contracted work you are performing. For each box checked submit a copy of your policy or program that manages the issue to the CMSD EH&S Dept. CMSD reserves the right to request additional documentation as needed. | | | | | | | | | | | | |
|  | Adhesive use | | | | | | | | | | | |
|  | Coating or Painting | | | | | | | | | | | |
|  | Solvent Use | | | | | | | | | | | |
|  | Welding | | | | | | | | | | | |
|  | Abrasive Blasting | | | | | | | | | | | |
|  | Asbestos Abatement, Removal, or Disruption | | | | | | | | | | | |
|  | Over-water transfer of oil or fuel | | | | | | | | | | | |
|  | Delivery of Fuel to Equipment, Tanks, or Vessels | | | | | | | | | | | |
|  | Operation of non-road diesel engines ≥ 49 bhp | | | | | | | | | | | |
|  | Operation of off-road diesel engines ≥ 25 bhp | | | | | | | | | | | |
|  | Service or repair of refrigeration systems or use of CFCs | | | | | | | | | | | |
|  | Demolition of buildings, equipment, or other structures | | | | | | | | | | | |
|  | Generation/disposal of hazardous waste | | | | | | | | | | | |
|  | Generation/disposal of non-hazardous waste to include but not limited to waste water (bilge, ballast, hydroblast, flushing, comp) or other process discharge | | | | | | | | | | | |
|  | Recycle Policy | | | | | | | | | | | |
| Contractor understands:   * All marine coating or solvent use will be conducted under a permit owned by the facility at which the work is being conducted, authorization must be received from each facility prior to work start-up, and a facility specific reporting form may be required (check with that facility to ensure you have the right form). * It is required to provide a monthly paint, solvent, adhesive, abrasive, fuel and/or welding rod/wire usage report to the EH&S department for work conducted at CMSD facility by the 10th of the month following the usage. EH&S will be cc’d for reports submitted at other facilities/Naval activities. * It is required to submit manufacturer Safety Data Sheets and Product Data Sheets to CMSD EH&S for all hazmat (paints, solvents, adhesives, weld rod/wire, blast media, etc.) prior to use at the CMSD facility or when under contract with CMSD at any other facility/Naval activity. * It is required that Port of San Diego Ship Repair Association (PSDSRA) Marine Coating Training has been completed by all employees who conduct marine coating or are involved with permit compliance. | | | | | | | | | | | | |

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| **SECTION 6: CERTIFICATION** | | | |
| I certify (check one):   * My company certifies that it will not conduct any of the activities listed above or utilize hazardous materials while under contract to CMSD. * My company certifies it will submit required documentation and obtain authorization for the above checked activities and hazardous materials usage or generation prior to commencement of work.   Furthermore, I realize that:   * If my company is hired by the Navy, another MSR, or independent party as a Third Party Contractor/AIT I must notify CMSD Security prior to work under that agreement *even if* I have prior approval to work as a CMSD contractor. * This information is required by Huntington Ingalls Industries/Continental Maritime for the purpose of evaluating the contractor’s environmental, health and safety programs. * This brief evaluation of contractor environmental, health and safety information is not exhaustive. Huntington Ingalls Industries/Continental Maritime will not be responsible if a contractor’s performance or programs are later found to be deficient, whether through a regulatory agency, Continental Maritime, or through accident or illness. * I agree that if any person from our organization has an environmental or safety incident Continental Maritime of San Diego Inc. will immediately be notified by calling EH&S at 619-234-8851 X510 or X224 or Security at X218. * I am aware and understand that failure to meet EH&S requirements will create a work stoppage. Further recurrence or significant non-compliance may have my company removed from the contract.   By signing this form I agree that, should a Purchase Order be issued for my company, we will follow all EH&S requirements of Huntington Ingalls Industries/Continental Maritime as found in Continental Maritime’s Policies, the CMSD Contractor Guidebook, all Federal, State, and local laws, U.S. Navy Standard Items, and Prime Contractor requirements (as applicable).  As an officer of this company, I have evaluated the information in this form, agree to its contents, and hereby certify that the information I have provided is accurate and complete. | | | |
| **Company officer name** | | **Company officer signature** | |
| **Title** | | | |
| **Phone** | **Email address** | | **Date signed** |