

## CONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

Contractor Name: TRI-GEN, INC. dba GENERAL DRILLING, INC. Date: 2/1/2007

Address: P.O. BOX 211, 12461 REYNOLDS DRIVE, FISHERS, IN 46038

Contact: William M. Boatman Phone: 317-849-5612  
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MSHA Identification Number: Y68

A. List your firm's Worker's Compensation Insurance - Experience Modification Rate

<u>Year</u>	<u>EMR</u>	<u>Insurance Carrier</u>	<u>Policy Number</u>
2007	0.70	<u>Bituminous Insurance</u>	WC3 230 118
2006	0.67	<u>Bituminous Insurance</u>	WC 3 213659

Is your firm self insured for Worker's Compensation claims?

Yes \_\_\_\_\_ No **X**

B. Please use last year's OSHA 200 Log and/or MSHA 7000-2 Form to fill in number of injuries and illnesses.

1) Number of lost workday cases	<u>1</u>
2) Number of cases with medical attention only	<u>0</u>
3) Number of fatalities	<u>0</u>
4) Total number of injuries and illnesses	<u>1</u>

C. Employee hours worked last year (do not include nonwork time) 45,535

D. Check your type of work:

Non-residential Building \_\_\_\_\_  
 Heavy (Non-highway) Construction \_\_\_\_\_  
 Plumbing, Heating & Air Conditioning \_\_\_\_\_  
 Other Blast Hole Drilling Service **X**

E. Are accident reports (OSHA 200 and/or MSHA 700-2) and report summaries provided to:

	<u>No</u>	<u>Yes</u>	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>
Foreman	<u>WE HAVE NO FOREMEN</u>				
Field Superintendent		<u><b>X</b></u>		<u><b>X</b></u>	
President of Firm		<u><b>X</b></u>		<u><b>X</b></u>	

F. How are the costs of individual accidents maintained? How often are they reported?

	<u>No</u>	<u>Yes</u>	<u>Frequency</u>
Costs totaled for entire company		<b>X</b>	<b>VARIOUS</b>
Costs totaled by project		<b>X</b>	<b>VARIOUS</b>
Subtotalled by Superintendent	<b>N/A</b>		
Subtotalled by Foreman	<b>N/A</b>		

G. If your firm does not complete an OSHA 200 Log and/or MSHA 7000-2 form, list the reason:

H. List the key personnel for this project (names, safety performance on last three projects worked):

ANY OF OUR DRILLERS COULD BE INVOLVED, PLUS MANAGEMENT PERSONNEL SEE ATTACHED LIST OF EMPLOYEES. ALL JOB SAFETY RECORDS ARE CLEAN.

I. Do you hold site safety meeting for field supervisors?	<u>Yes</u>	<u>No</u>
How often? _____	<b>N/A</b>	
J. Do you contact project safety inspections?	<u>Yes</u>	<u>No</u>
Who conducts inspections (title)?	<b>X</b>	
How often? _____	Driller	
	<u>Yes</u>	<u>No</u>
K. Do you have a written safety program? Yes, include	<b>X</b>	
L. Have your employees received MSHA training?	<u>Yes</u>	<u>No</u>
If yes, attach Form 5000-23	<b>X</b>	
M. Does your safety program address the following:	<u>Yes</u>	<u>No</u>
Head protection	<b>X</b>	
Eye protection	<b>X</b>	
Hearing protection	<b>X</b>	
Respiratory protection	<b>X</b>	
Safety belts and lines	<b>X</b>	
Scaffolding	<b>X</b>	<b>X</b>
Housekeeping		<b>X</b>
Fire protection	<b>X</b>	
First Aid	<b>X</b>	
Hazard communication	<b>X</b>	
Emergency procedures	<b>X</b>	
Signs, barricades, and flagging	<b>X</b>	
Perimeter guarding		<b>X</b>
Electrical safety	<b>X</b>	
Rigging and crane safety	<b>X</b>	
Confined space entry		<b>X</b>
Personal protective equipment	<b>X</b>	

N. Do you have a safety training program for new hires?	<u>Yes</u>	<u>No</u>
Do you have a safety training program for new foremen?	<b>X</b>	
	<b>X</b>	
O. Do you hold craft "toolbox" safety meetings?	<u>Yes</u>	<u>No</u>
If yes, indicate frequency: _____		<b>X</b>
P. Are any of your employees certified as Hazardous Waste Operation and Emergency Response Workers (HAZWOPER)?	<u>Yes</u>	<u>No</u>
		<b>X</b>
Q. Are any of your employees certified in First Aid?	<u>Yes</u>	<u>No</u>
	<b>X</b>	
R. Does your company test for alcohol and/or illegal drug use?	<u>Yes</u>	<u>No</u>
	<b>X</b>	
If yes, indicate basis for testing:		
Random	<u><b>X</b></u>	Pre-employment <u><b>X</b></u>
Post Accident	<u><b>X</b></u>	Probable Cause <u><b>X</b></u>