

Bentley University
Contractor Profile Questionnaire
Environmental Health and Safety
Performance and Program

Company Name:	Primary NAICS Code:			
Project Name/Location/Dates (if available):	Previous SIC Code(s):			
	Type of Work That Your Company Will be Performing:			
Loss History	Current Year	Last Year	Previous Year	Previous Year
Experience Modification Rate (EMR) <i>(Attach verification letter from your workers' comp carrier)</i>				
Number of Fatalities <i>(Including those of subcontractors under your control)</i>				
Number of OSHA Recordable Injuries/Illnesses <i>(Attach an OSHA 300 Form for each year listed)</i>				
Number of cases with days away from work				
Total Employee Hours Worked by Year				
Environmental Health and Safety Compliance History				
The following compliance questions relate to your company and operations over the past 5-year period. The term company is inclusive of all operations nationwide, all companies and operating divisions, and all company names currently and previously used.				
Has OSHA (federal or state) issued any citation(s) to your company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has OSHA (federal or state) issued any citation(s) to subcontractors working on projects or sites managed by your company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any past or pending environmental enforcement actions or environmental compliance violations for your company?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes to one of the above questions, attach a copy of the violation, citation, or enforcement action description</i>				
Substance Abuse Programs				
Does your company have a substance abuse program which includes pre-employment, "for cause", and post accident employee drug and alcohol testing?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a program in place that complies with the Federal Drug-Free Workplace Act?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
EHS Programs				
Does your company have an EHS program in place that complies with OSHA, EPA, DOT, and other applicable federal, state, and local regulations?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
*****Include a copy of the table of contents of your Environmental, Health Safety Program(s).*****				
Certification and Signature				
I certify and declare under penalty of law that the foregoing environmental health and safety compliance history is true and correct, and that I am a duly authorized representative of the company.				
Printed Name:		Title:		
Signature:		Date:		
Company Contact for Additional Safety Program Information:				
Phone Number:		Email Address:		
For assistance with this form, contact: Christine Powers, CHMM Environmental, Health & Safety Specialist Bentley University 175 Forest Street Waltham, MA 02452		Office Phone: (781) 891-3448 Fax Phone: (781) 891-2082 Cell Phone: n/a Email: cpowers@bentley.edu Website: www.bentley.edu		