



**CONTRACTOR QUALIFICATION QUESTIONNAIRE**

CONTRACTOR COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMPANY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DESCRIBE THE SERVICES PROVIDED BY YOUR COMPANY FOR THIS PROJECT OR WORK. BE SPECIFIC. \_\_\_\_\_

\_\_\_\_\_

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**PART 1:**

*Contractors: Complete this form by answering the questions Yes or No (Y or N) in the box provided, attaching additional information where appropriate.*

*Hydrite Personnel: Check the complete box once documentation is received and reviewed.*

QUALIFICATION ISSUE / REQUIREMENTS	Y/N Check if complete
1. <b>Attach</b> your company's written: a. Safety Policy b. Security Policy c. Safety Manual's Table of Contents	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>  Complete <input type="checkbox"/>
2. List your company's Worker's Compensation Experience Modification Rate for:  <b>Current Year:</b> _____ <b>Last Year:</b> _____ <b>Two Years Ago:</b> _____	Complete <input type="checkbox"/> (must be less than 1.1)

<p><b>3. Hazard Communication:</b></p> <p>a. Do you have a Hazard Communication Program?</p> <p>b. Do you document employee training on your program?</p> <p>c. Will any of your employees be bringing chemicals to Hydrite?</p> <p><b><u>If yes, attach</u></b> the Safety Data Sheets and a list of all required hazardous chemicals, including things such as cleaning compounds, oils, and lubricants.</p>	<p>a. Y N</p> <p>b. Y N</p> <p>c. Y N</p> <p><input type="checkbox"/></p> <p>Complete <input type="checkbox"/></p>
<p><b>4.</b> Will you be <b>generating any waste</b>?</p> <p><b><u>If yes, attach</u></b> your waste management plan for handling wastes generated by this job.</p>	<p>Y N</p> <p><input type="checkbox"/></p> <p>Complete <input type="checkbox"/></p>
<p><b>5. For construction activities:</b> Does your job site supervisor or other designated individual conduct field safety inspections? If Yes, attach a copy of the inspection form.</p>	<p>Y N</p> <p><input type="checkbox"/></p>

**PART 2:**

**Contractors:** Check all that apply for the following compliance programs at your company:

<b>Compliance Program Always Required:</b>	<b>Written Procedure?</b>	<b>Is Training provided for Individuals sent to Hydrite?</b>
Confined Space Entry – Awareness	Yes / No	Yes / No
Lockout/Tagout - Awareness (Affected)	Yes / No	Yes / No
Fire Prevention & Control (Fire Extinguisher Training)	Yes / No	Yes / No
Personal Protective Equipment *Task Specific	Yes / No	Yes / No

**For Hydrite Personnel:** All Contractors must have the above noted procedures and training. Are all the above noted items complete? Yes No

**PART 3:**

*Contractors: Complete this form by answering the questions Yes or No (Y or N) in the box provided, attaching additional information where appropriate.*

*Hydrite Personnel: Check the complete box once documentation is received and reviewed, as it applies.*

<b>Compliance Program Required based on Tasks Performed:</b>	<b>Will work include this Task?</b>	<b>If work will include this task, do you have a written Procedure?</b>	<b>Is Training provided for Individuals sent to Hydrite?</b>	<b>Inspection and Certification Programs? (If yes, must provide copy of certification)</b>
cGMP Training – for work in or around GMP covered areas (If yes, contractor must review/sign off on Visitor cGMP Guidelines AD004SFx per facility requirements)	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Confined Space Entry <i>NOTE: Contractors must use Hydrite CSE Permit Forms</i>	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Cranes and Hoists	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Electrical Work / Electrical * Safety NFPA 70E * Training required by task <i>NOTE: Contractors must use Hydrite Electrical Permit and Job Briefing Forms</i>	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Fall protection; Safety Belts & Life Lines; Fall Arrest Systems	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
First Aid & Emergency Response	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>

Hazardous Waste Management	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Hazardous Waste Operations ("HAZWOPER")	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Hot Work / Hot Work Permits <i>NOTE: Contractors must use Hydrite Hot Work Permit Forms</i>	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Lockout/ Tagout – Authorized <i>NOTE: Contractors must use Hydrite LOTO Forms</i>	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Respiratory Protection *Task Specific	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Rigging Safety	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Scaffolds & Ladders	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Welding & Cutting	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Powered Industrial Equipment Specify: _____ _____	Yes / No	Yes / No	Yes / No	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Other (Describe)				Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>

**PART 4:**

***FOR CONTRACTORS WORKING ON OR AROUND PROCESS SAFETY MANAGEMENT (PSM) COVERED PROCESSES:***

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<b>Compliance Program Required based on Tasks Performed:</b>	<b>Do you have a Written Procedure?</b>	<b>Is Training provided for Individuals sent to Hydrite?</b>	<b>Inspection and / or Certification Programs? (If yes, must provide copy of certification)</b>
PSM Overview	Yes / No	Yes / No <input type="checkbox"/> <i>Hydrite to add in WBT</i>	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Chemical – Specific Safety Training: Anhydrous ammonia Chlorine Sulfur Dioxide Formaldehyde Epichlorohydrin Flammable Liquids Monomers	Yes / No  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Yes / No  <input type="checkbox"/> <i>Hydrite to add in WBT</i> <input type="checkbox"/> <i>Hydrite to add in WBT</i> <input type="checkbox"/> <i>Hydrite to add in WBT</i> <input type="checkbox"/> <i>Hydrite to add in WBT</i> <input type="checkbox"/> <i>Hydrite to add in WBT</i> <input type="checkbox"/> <i>Hydrite to add in WBT</i> <input type="checkbox"/> <i>Hydrite to add in WBT</i>	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>
Additional SOP Training List training	Yes / No	Yes / No <input type="checkbox"/> <i>Hydrite to add in WBT</i>	Complete <input type="checkbox"/> or Not Applicable <input type="checkbox"/>

***Hydrite Personnel: Check the complete box once documentation is received and reviewed, as it applies. Hydrite WBT may be used to deliver this training, as needed.***

**PART 5:**

**CERTIFICATE OF INSURANCE**  
**Minimum Requirements**

As a condition of doing business with Hydrite Chemical Co., you are required to have on file a Certificate of Insurance protecting Hydrite Chemical Co. against claims for bodily injury and property damage that may arise from your products or work performed by you. Such certificate shall contain:

1. An endorsement that such policies will not be subject to material change or cancellation without 30 days prior written notice.
2. An endorsement naming Hydrite Chemical Co. as an additional insured in the connection with the performance of the work by any contractor.
3. Limits of liability that meet or exceed the coverage and limits on the enclosed requirements for Certificates of Insurance.

**Commercial General Liability**

(Bodily Injury & Property Damage)      \$1,000,000 each occurrence  
\$1,000,000 products – comp/op aggregate  
\$2,000,000 general aggregate

**Automobile Liability**

(owned, non-owned, hired)      \$1,000,000 each accident (CSL)

**Workers' Compensation**

Statutory for State of Operation

**Employer's Liability**

\$500,000 each accident  
\$500,000 each employee-disease  
\$500,000 policy limit-disease

**Contractor's Pollution Liability  
(worksites)**

\$1,000,000 each occurrence

\*Coverage for bodily injury, property damage, defense, and clean-up as a result of pollution conditions arising from contracting operations performed by or on behalf of the contractor.

***Contractors: Signing this document indicates that you have the above listed programs, training, insurance policies and associated documentation.***

\_\_\_\_\_  
**Signature of Person Completing this Form**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**