

**ENERGIZER BATTERY MANUFACTURING, INC**  
**CONTRACTOR SAFETY HEALTH & ENVIRONMENTAL**  
**PRE-QUALIFICATION QUESTIONNAIRE**

Revised March 2011

CONTRACTOR

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

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

TYPE OF WORK FOR THIS JOB---NAICS CODE  
 (North American Industrial Classification System) \_\_\_\_\_

**1) REPORTS AND DOCUMENTS TO BE SUBMITTED:**

- a) Total hours worked by your employees for the last three years (include total hours of both permanent and temporary employees):

YEAR			
Number of Employees			
Hours Worked			

- b) Provide a claims history of your “work-related” injuries & illnesses, by year, for the last three

1. Worker’s Compensation Claims

2. Recordable Injuries/Illnesses

Number of Cases-by year		

- c) Provide up-to-date copies of your OSHA 300 Logs for the past three years and the current year-to-date.

- d) Provide a copy of your written Safety, Health & Environmental Program.

- 2) List any work related fatalities your firm has had in the last three years. Include location, cause and corrective actions.

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- 3) List all Safety-Health and Environmental inspections and/or citations your firm has had in the last three years. Please list date, description of the citation and resolution.

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- 4) Do you have a new employee safety orientation program?      YES      NO
- 5) Does your company have a Substance Abuse Policy? If yes, provide details. How often does your company review the Substance Abuse Policy with your employees? If you do not have a Substance Abuse Policy, are you agreeable to adopting the Energizer program?
- 6) Does your Safety Program cover all OSHA Standards for your industry and the type of work you will be performing for Energizer?
- 7) Does your company have a Safety, Health & Environmental person/department?
- 8) Do you employ full-time safety personnel at your job sites? Provide the name of your "Competent Person"
- 9) List the Safety-Environmental training that your on-site supervisions have received in the past year?
- 10) List the Safety-Environmental training that your employees have received in the past year?
- 11) Are regular safety meetings required? What is the frequency?
- 12) Do you require sub-contractors to comply with your safety policies?
- 13) Does your company conduct a pre-employment "10-Panel" drug and alcohol testing for job candidates? (10-Panel drug test to include: marijuana, cocaine, opiates, amphetamines, phencyclidine, benzodiazepines, methadone, methaqualone, barbiturates, propoxyphene, or their metabolites). If your company does not perform a "10-Panel" drug test, please describe the drug panel type of testing your company does perform. If you do not have a "10-Panel" drug and alcohol testing program, are you agreeable to adopting the Energizer program?
- 14) Does your company conduct "Post Accident" and/or "For Cause" (reasonable suspicion) drug/alcohol testing on your employees? If yes, describe the drug panel type of drug testing you have performed. If you do not have a drug/alcohol testing program, are you agreeable to adopting the Energizer program?

15) Does your company conduct pre-employment criminal background checks on job candidates"? If yes, specify either county-wide or state-wide and number of years reported on.

**NOTE: You may be asked to provide copies of specific training programs and documentation.**

**Title and Signature of Contractor Officer**

**I certify the above information to be factual and this company has the appropriate skills and knowledge to perform this job.**

Company Name: \_\_\_\_\_

Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ECR Pre-qualification Questionnaire Review**

Contractor Approved:      Yes\_\_\_      No\_\_\_

ECR or Safety Coordinator \_\_\_\_\_