M.P.G. Pipeline Contractors, LLC strives for the highest level of excellence by placing the safety of its employees, contractors and subcontractors as well as the surrounding public as its number one priority. For this reason, M.P.G. Pipeline Contractors, LLC has implemented a Standardized Pre Qualification Safety Questionnaire which is to be completed by all subcontractors that wish to perform services for our company. The evaluation of M.P.G.'s subcontractors is also a requirement of the clients in which M.P.G. performs work for. The Pre-Qualification Form will be graded and the results will be discussed with you upon the final review. Failure to submit the required documentation may result in you being placed in an unapproved subcontractor status. Any questions relating to this Questionnaire can be forwarded to Corey W. Butaud / HS&E Director at 337-367-3007 or emailed to cbutaud@mpg-plc.com.

Send the returned Questionnaire along with all required documents to:

M.P.G. Pipeline Contractors, LLC
4703 S. Lewis
New Iberia, LA 70560
Attn: Corey Butaud / HS&E Director

Please furnish the following information:

Company Name:_____

Street Address:_____

Mailing Address:_____

City and State:_____

Zip Code:_____

Contact Name and Phone #:_____

Email Address:_____

Please provide the following information along with this information sheet:

1. Completed Pre Qualification Form

2. Copy of HS&E Manual on disc along with any SOP's for services you may wish to perform for M.P.G. Pipeline Contractors, LLC. This information will be kept on file.

3. Copy of Workers Compensation insurance Experience Modification Rating for the last three years. This must be provided from your insurance carrier.

4. Copy of OSHA 300 and 300 A logs for the previous 3 years

M.P.G. Pipeline Contractors, LLC

HEALTH, SAFETY AND ENVIRONMENTAL QUESTIONNAIRE

NAME OF COMPANY AND ADDRESS:

_____

_____

_____

_____

Date: _____

Contact:_____

Form Completed by:_____

Phone #:_____

Fax #:_____

NAICS / SIC # _____

Please describe the services your company provides:

_____

_____

The information requested must be for the local Division, District, Branch, etc. of your company. We are not interested in overall statistics at a national or international level. All Information must be documented.

1. Please describe the area or region this questionnaire applies (i.e. local Division, District, Branch)._____

2. In the table below, provide the three most recent full years of incident information for your company. See "Definition of Terms" for details.

   In addition to completing the tables, attach copies of your company's OSHA 300 log for the last three full years. If your company is not required to complete an OSHA 300 log, provide copies of other appropriate industry related documentation. We require verification of the EMR / discount rate information; see "Definition of Terms" for details.

Year	Average Number of Employees	Exposure or Employee Hours	Number of Recordable Cases	Incidence Rate of Recordable Cases	Number of Lost Workday Cases	Incidence Rate of Lost Workday Cases	Number of Lost Workdays	Severity Rate	EMR	Number of Fatalities

3. Specify the basis for exposure or employee hours (8 hr shifts, 12 hr shifts, 24 hrs, etc.)

4. If your company is self-insured, what is your discount rate?

   Comments_____

5. Has your company received any inspections from a regulatory agency during the last three years?

Yes____ No____

If yes, please provide details:_____

_____

6. Has your company received any citations from a regulatory agency during the last three years?

Yes____ No_____ If yes, please provide details:_____

_____

7. Are all documents, pertaining to this questionnaire, available for auditing?

Yes____ No____

If no, please explain:_____

_____

8. Please respond to **ALL** items in the following chart with "**Yes, No, or N.A."** Do not leave any items unanswered.

PROGRAMS / TRAINING	WRITTEN YES / NO / NA	FREQUENCY OF TRAINING FOR INDIVIDUAL EMPLOYEES	INDIVIDUAL EMPLOYEE TRAINING DOCUMENTED YES / NO / NA
Asbestos Mgmt./ Maintenance Work			
Benzene Chemical Exposure			
Bloodborne Pathogens			
Confined Space – Entrant / Attendant Level			
Confined Space – Supervisor Level			
Confined Space - Rescuer			
Cranes / Lifting / Mobile Equipment			
Defensive Driving			
DOT Hazmat Employee			
Drug and Alcohol Awareness			
Electrical Safety (Qualified) Electrical Safety (Non-Qualified)			
Emergency Response / Action Plans			
First Aid / CPR			
Forklift			
H2S			
Hazcom			
Hazwoper – Awareness Level			
Hazwoper – 8 Hour			
Hazwoper – 24 Hour			
Hazwoper – 40 Hour			
Hazwoper – Supervisor 8 Hour			
Hazwoper / RCRA			
Hearing Conservation			
Incipient Fire			
Lead Worker			
Lead Supervisor			
Lockout / Tag out–Authorized Person			
Lockout / Tag out–Affected Person			
Lockout / Tag out–Other			
PPE			
New Employee Orientation			
Respiratory Protection			
PPE			
PSM – Overview			
Respiratory Protection			
Sandblasting			
Welding, Cutting and Hot Work			
Manual Lifting Techniques			
Rigging / Material Handling			
Scaffolding (End User)			
Trenching / Shoring			

9. Please provide any additional information on other industry specific programs or training, including written procedures, which your company provides to employees: _____

_____

_____

10. Does your company comply with the Process Safety Management provisions found in 29 CFR 1910.119?

Yes____ No____ Comments:_____

_____

11. Does your company have scheduled documented employee safety meetings?

Yes____ No____

If yes, how often?_____

12. Who conducts the safety meetings? Job Title:_____

13. What managers / supervisors participate in the safety meetings? Job Titles:_____

_____

14. Are meetings reviewed and critiqued by manager / supervisors? Yes____ No____

15. What were the topics or issues discussed at the last two safety meetings?

Topics / Issues:_____Meeting Date:_____

_____ _____

Topic / Issues:_____Meeting Date:_____

_____ _____

16. Does your company hold on-site (tailgate / toolbox / pretour) safety meetings?
Yes____ No____If yes, how often?_____

17. Who conducts these safety meetings? Job Title:_____

Is documentation available?....Yes____ No____

18. Does your company perform Job Safety Environmental Analysis (JSEA)? Yes___ No__

19. Does your company provide / require the following personal protective equipment:

		COMPANY PROVIDED	COMPANY REQUIRED
Hard Hats(ANSI-Z89.1) (29 CFR 1910.135)	NA___	Yes___No___	Yes___No___
Safety Shoes(ANSI-Z41.1) (29 CFR 1910.136)	NA___	Yes___No___	Yes___No___
Eye Protection(ANSI-Z87.1) (29 CFR 1910.133)	NA___	Yes___No___	Yes___No___
Hand Protection(29 CFR 1910.132)	NA___	Yes___No___	Yes___No___
Hearing Protection(29 CFR 1910.95)	NA___	Yes___No___	Yes___No___
Fall Protection(29 CFR 1910.129)	NA___	Yes___No___	Yes___No___
Respiratory Protection (29 CFR 1910.134)	NA___	Yes___No___	Yes___No___
Personal Flotation Devices (33 CFR 142.45)	NA___	Yes___No___	Yes___No___
Fire Retardant Clothing	NA___	Yes___No___	Yes___No___

20. In addition to the regulatory required Personal Protective Equipment , what other PPE is required or supplied?_____

_____

_____

21. Does your company have a written policy regarding drug screening or testing of your employees?

Yes____ No____ Comments:_____

_____

22. Does your drug testing program conform to DOT requirements? Yes____ No____

Comments:_____

_____

If yes, which set of DOT regulations is your drug testing program designed to satisfy?

Federal Aviation Administration	Yes____	No____
United States Coast Guard	Yes____	No____
Pipeline and Hazardous Material Safety Adm. (PHMSA)	Yes____	No____
Federal Railroad Administration	Yes____	No____
Federal Highway Administration	Yes____	No____

23. Indicate the circumstances in which your company's employees may be subject to drug screening.

( ) Pre Employment ( ) Probable Cause ( ) Periodic
( ) Random ( ) Post Accident ( ) Return to Duty

24. Does your company have a policy requiring written accidents / incident reports (spills, injuries, property damage, etc.)?

Yes____ No____

25. Does your company conduct accident / incident investigations? Yes____ No____

If yes, please attach a brief outline of procedures:_____

_____

26. Does your company document, investigate, and discuss near miss accidents?

Yes____ No____

If yes, is documentation available? Yes____ No____

27. Are accident / incident reports reviewed by managers / supervisors? Yes____ No____

28. Does your company use subcontractors? Yes____ No____

If yes, explain:_____

_____

29. Does your company review the safety management systems of subcontractors?

Yes____ No____

30. Does your company verify that subcontractors meet or exceed your safety and training requirements?

Yes____ No____

If no, explain:_____

_____

31. Describe the programs utilized to monitor the safety performance of your company to determine progress (for example, management meetings, safety committee / team, statistical reports, etc.):

_____

_____

_____

_____

32. Does your company have a safety manual with a clearly written safety policy endorsed by upper management?

Yes____ No____Comments:_____

_____

33. Does your company perform safety audits / reviews? Yes____ No____

If yes, are safety audits documented? Yes____ No____

34. Who reviews the safety audit / review and how often? Job Title:_____

Comments:_____

_____

35. Does your company involve its employees in health, safety, and environmental awareness programs? Yes____ No____

If yes, describe how they are involved:_____

_____

36. Who in your company is responsible for coordinating your health, safety and environmental program?

Job Title:_____

Is safety a full time responsibility for this position? Yes____ No____

If no, list the percentage of time devoted to safety:_____

37. Does your company have a Safety Incentive / Recognition Program. Yes____ No____

If yes, please describe:_____

_____

38. Does your company have a written environmental program? Yes____ No____

If yes, describe the training and documentation aspects of the program:_____

_____

39. Is your company required to have any Federal, State, or Local licenses or permits to perform your service(s) (for example, NORM, Asbestos, Lead, DOT, etc.)?
Yes____ No____

List types of licenses / permits and state of issue:_____

_____

40. Having completed this survey, do you have any additional comments or questions to discuss? _____

_____

_____

DEFINITION OF TERMS

Year
List the three most recent full calendar years. Specify months, if less than a full year.

Average Number of Employees
List the average number of employees worked during the year. An employee shall be defined as any person engaged in activities for an employer from whom direct payment for services is received. Included are working owners and officers.

Exposure or Employee Hours
List the total number of hours worked during the year by all employees, including those in operating, production, maintenance, transportation, clerical, administrative, sales, and other activities.

Number of Recordable Cases
List the total number of recordable cases that occurred during the year. A recordable case will be defined as any work related injury case requiring more than first aid, and all occupational illnesses. Recordable cases include all occupational illnesses, and all occupational injuries resulting in lost workdays - either days away from work or days of restricted work activity, medical treatment other than first aid, loss of consciousness, restriction of work or motion, temporary or permanent transfer, or the termination of an injured or ill employee.

Incidence Rate of Recordable Cases = $\frac{\text{Number of recordable cases X 200,000}}{\text{Exposure or employee hours}}$

Number of Lost Workday Cases
List the total number of lost workday cases that occurred during the year. A lost workday case will be defined as any recordable case that results in death or lost workdays with days away from work. For the purposes of this questionnaire, recordable cases that result in lost workdays with restricted activity should not be added in this column. Only recordable cases that result in one or more days away from work should be counted.

Incidence Rate of Lost Workday Cases = $\frac{\text{Number of lost workday cases X 200,000}}{\text{Exposure or employee hours}}$

Number of Days Away from Work
List the total number of lost workdays experienced by all employees during the year. For the purposes of this questionnaire, lost workdays with restricted activity should not be added in this column. Only recordable cases that result in one or more days away from work should be counted.

Severity Rate = $\frac{\text{Total number of lost workdays X 200,000}}{\text{Exposure or employee hours}}$

EMR - Experience Modification Rate

We require verification for the EMR and discount rate data requested in the questionnaire. Any of the following methods would be acceptable:

- A letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR or discount rate data listed above; or
- A copy of the last three years' Experience Rating Calculation Sheets, which your insurance carrier should forward to you annually; or
- A copy of the page of your last three years' insurance policies that show the modification rate and the coverage period.

Number of Fatalities

List the total number of fatalities that result from occupational injuries or illnesses. Deaths, which occur in the workplace but are not the result of occupational injuries or illnesses should not be included.

Additional Information

Additional information concerning injury and illness recordkeeping can be found in 29 CFR 1904 and OSHA's "Recordkeeping Guidelines for Occupational Injuries and Illness" booklet.