



Thank you for your interest in working with Thompson Electric, Inc. Information is provided in this e-mail to assist you in becoming set up as a contractor, sub-contractor, and/or vendor. If you have worked for us in the past, you will still need to complete the attached forms and submit the required documentation for consideration of your renewal as a sub-contractor of Thompson Electric, Inc. If you utilize any second or third-tier sub-contractors, they will also need to complete the attached paperwork and submit for review and approval. Failure to do so could result in removal of their presence from our work sites.

Review the attached documents, complete all necessary sections requiring signatures, or any other information, and attach any required documentation that this packet asks for. Then mail the completed packet back to us. You may also scan the completed packet and email it back to the e-mail address listed below.

Please return your completed paperwork to Kim Miller at the email address and/or mailing address below:

E-mail address: kmill@thompstonelectric.com
Mailing Address: Attn: Kim Miller
Thompson Electric, Inc.
49 Northmoreland Avenue
Munroe Falls, Ohio 44262

Our Sub-Contractor Coordination Team is:

Name	E-mail Address	Phone Number
Dustin Bormet, Treasurer	dbormet@thompstonelectric.com	330-686-2300 ext. 3023
Kelly Sigler, Safety Director	ksigler@thompstonelectric.com	330-704-8782 (cell)
Kim Miller, Administration	kmiller@thompstonelectric.com	330-686-2300 ext. 3046

Thank You,

Kelly Sigler
Safety Director
Thompson Electric, Inc.



New Contractor and/or Vendor Application and Approval Process

Dear Contractor/Vendor,

Thompson Electric, Inc. (herein referred to as TEI) has established, and maintains, a Contractor/Vendor EHS Management Program that details the requirements for practices and procedures to protect its employees, Non-TEI employees, our customers' facilities, as well as, TEI's Munroe Falls, Ohio facilities. Only contractors and vendors that are TEI approved will be allowed to perform work on TEI work sites and at our permanent facilities.

In order to become an Approved Contractor or Vendor, the following documents must be completed and forwarded to TEI's Contractor Coordination Team for evaluation:

Supporting Financial Documentation Checklist

Please provide the following:

	N/A	Attached
• Master Service Contract signed by company authorized representative	<input type="checkbox"/>	<input type="checkbox"/>
• Financial Pre-Qualification form signed by company authorized representative	<input type="checkbox"/>	<input type="checkbox"/>
• Current completed and signed W-9	<input type="checkbox"/>	<input type="checkbox"/>
• Current copy of Certificate of Insurance <i>(see attached example)</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Current copy of Ohio Bureau Workers Compensation Certificate	<input type="checkbox"/>	<input type="checkbox"/>
• Proof that your company is a member, in good standing, of the State of Ohio's Drug Free Workplace Program <i>(when applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>
• EEO Policy Acknowledgement Form signed by a company authorized representative	<input type="checkbox"/>	<input type="checkbox"/>



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURED Subcontractor Name Subcontractor Street Address City, State, Zip	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME:																					
PHONE (A/C, No, Ext):	FAX (A/C, No):																				
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INSURER(S) AFFORDING COVERAGE	NAIC #																				
INSURER A:																					
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)

(Contractor and Owner) is/are included as Additional Insured under the General Liability per form(s) _____ including ongoing & completed operations, when required in a written contract or agreement. Insurance is Primary when required in contract or agreement. XCU Coverage is included. See attached 30 days' Notice of Cancellation Endorsement.

CERTIFICATE HOLDER Thompson Electric, Inc. 49 Northmoreland Avenue Munroe Falls, OH 44262-1717	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

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INSURANCE REQUIREMENTS

An insurance certificate is required prior to Thompson Electric issuing a contract

Upon execution of this Agreement, and prior to the Subcontractor's commencing any work or services with regard to the Project, the Subcontractor shall carry commercial general liability insurance on ISO form CG 00 0110 01 (or a substitute form providing equivalent coverage) and the Subcontractor shall provide the contractor with a Certificate of Insurance and Additional Insured Endorsement on ISO form CG 20 10 1185 (or a substitute form providing equivalent coverage) or on the combination of ISO forms CG 20 10 10 01 and CG 20 37 10 01 and CG 20 37 10 01 (or substitute forms providing equivalent coverage) naming the Contractor and the Owner as Additional Insureds there under. Additional insured coverage shall apply as primary insurance with respect to any other insurance afforded to Owner and Contractor. The coverage available to the Contractor and Owner, as Additional Insureds, shall not be less than \$1 million dollars Each Occurrence, \$2 million General Aggregate (subject to a per project general aggregate provision applicable to the project), \$2 million Products/Completed Operations Aggregate and \$1 million Personal and Advertising Injury limits. Such insurance shall cover liability arising from premises, operations, independent contractors, products-completed operations, personal and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). There shall be no endorsement or modification of the Commercial General Liability form arising from pollution, explosion, collapse, underground property damage or work performed by subcontractors. All coverage shall be placed with an insurance company duly admitted in the State of Ohio and shall be reasonably acceptable to Contractor. All Subcontractor insurance carriers must maintain an A.M. Best rating of "A-" or better. Coverage shall be afforded to the Additional Insureds whether or not a claim is in litigation.

The insurance coverage required under paragraph 13.1 shall be of sufficient type, scope, and duration to ensure coverage for the Contractor or Owner for liability related to any manifestation date within the applicable statutes of limitation and/or repose which pertain to any work performed by or on behalf of the Contractor or Owner in relation to the Project. *Subcontractor agrees to maintain the above insurance for the benefit of Contractor and Owner for a period of ten years, or the expiration of the Statute of Limitations pursuant to Code of Civil Procedure, Section ORC 2305 .131.

Each Certificate of Insurance shall provide that the insurer must give the Contractor at least 30 days' prior written notice of cancellation and termination of the Contractor's coverage there under. Not less than two weeks prior to the expiration, cancellation or termination of any such policy, the Subcontractor shall supply the Contractor with a new and replacement Certificate of Insurance and Additional Insured endorsement as proof of renewal of said original policy. Said new and replacement endorsements shall be similarly endorsed in favor of Contractor and Owner as set forth above.

Additionally, and prior to commencement of the Work, the Subcontractor shall provide the Contractor with a Certificate of Insurance showing liability insurance coverage for the Subcontractor and any employees, agents, or Sub-Subcontractors of the Subcontractor for any Workers' Compensation, Employer's Liability and Automobile Liability. In the event any of these policies are terminated, Certificates of Insurance showing replacement coverage shall be provided to Contractor. Coverages shall be no less than the following:

- Workers' Compensation and Employers' Liability Insurance: As required by law and affording thirty (30) days written notice to Contractor prior to cancellation or non-renewal, providing coverage of not less than \$1,000,000 for bodily injury caused by accident and \$1,000,000 for bodily injury by disease.
- Business Auto Liability Insurance: Written in the amount of not less than \$1,000,000 each accident.



Equal Employment Opportunity Policy

Thompson Electric, Inc. is committed to providing a non-discriminatory employment environment for its employees.

The policy of Thompson Electric, Inc. is to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination in employment. Discrimination against employees and applicants due to race, color, religion, sex (including sexual harassment), national origin, disability, age (40 years or older), military and veteran status is prohibited. Violations of this policy will be subject to discipline, up to and including termination.

Equal employment opportunity and non-discriminatory commitments include, but are not limited to, the areas of hiring, promotion, demotion or transfer, recruitment, discipline, layoff or termination, rate of compensation and company sponsored training.

All employees are expected to comply with this Equal Employment Opportunity Policy. Managers and supervisors who are responsible for meeting business objectives are expected to cooperate fully in meeting Thompson Electric, Inc.'s equal employment opportunity objectives.

Any employee who believes he or she has been discriminated against must immediately report any incident to the company's designated EEO Officer.

The company will not tolerate retaliation against any employee who reports acts of discrimination or provides information in connection with any such complaint.

If you have any questions regarding this policy, please contact Dustin Bormet, EEO Officer at 330-686-2300 X3023 (office) or anytime at 330-703-0123 (cell).



Sexual Harassment Policy

Thompson Electric, Inc. is committed to providing a working environment free from discrimination, and to prohibit harassment of its employees and applicants, including sexual harassment. Thompson Electric, Inc. will implement the policy to fully comply with applicable federal, state and local laws, rules and regulations in the area of non-discrimination and harassment of employment.

Sexual harassment is defined as any unwelcome or unwanted sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature from someone in the workplace that creates discomfort and/or interferes with the job. Conduct constitutes harassment when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions and/or retaliation; or
- Such conduct has the purpose or effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Harassment due to race, religion, sex, sexual harassment, national origin, disability, age, military or veteran status will not be tolerated in the Thompson Electric, Inc.'s workplace. Such conduct is subject to discipline, up to and including termination.

Any employee who believes he or she is a victim of sexual harassment must immediately report any incident to the company's designated EEO Officer.

The company will not tolerate retaliation against any employee who complains of sexual harassment or provides information in connection with any such complaint.

If you have any questions regarding this policy, please contact Dustin Bormet, EEO Officer at 330-686-2300 X3023 (office) or anytime at 330-703-0123 (cell).



Policy Acknowledgement Form

Enclosed is Thompson Electric, Inc.'s current Equal Employment Opportunity Policy and Sexual Harassment Policy. Read each policy and keep for you records.

_____ (Name of Company) agrees to comply with all local, state, and Federal EEO and OSHA requirements.

Signature

Print Name/Title

Date



FINANCIAL PREQUALIFICATION FORM

Project Bidding or
General Services Description: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Website: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Is this the address of the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Person completing this form:

Name: _____ Direct Phone: _____

Title: _____ Extension: _____

E-mail: _____ Cell Phone: _____

Primary contact person (if different):

Name: _____ Direct Phone: _____

Title: _____ Extension: _____

E-mail: _____ Cell Phone: _____

Company Ownership, Staff, History

What year was your company established: _____ Federal ID Number: _____

Type of Company: Partnership Proprietorship LLC
 Corporation Sub. S Corporation Other _____

State of Incorporation: _____ Date of Incorporation: _____

Company Ownership, Staff, History (continued)

Contractor's License Number: _____ State: _____ Expires: _____

Please attach a list of your contractor's license(s), authorization(s) to do business, and minority certifications in all states in which your company would like to be considered for work.

Are you signatory to a union agreement: Yes No

If yes, which one(s): _____

MBE: Yes No *Minority Business Enterprise* WBE: Yes No *Women Business Enterprise* DBE: Yes No *Disadvantaged Business Enterprise*
If yes please attach certificate(s)

List the primary corporate officers, partners, proprietors, members and/or shareholders of your company:

Name	Title	E-Mail
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How many people do you currently employ? _____ Office Management _____ Field Supervision _____ Trade/Craft _____

Has your company ever operated under a different name or as a subsidiary of a different parent company? Yes No

If yes, please list the other name(s)/arrangement(s) and dates of operation below:

For the following questions, if you answer yes, please provide a detailed explanation of the situation requiring an affirmative response on the lines provided below the questions. If you require additional space, please attach as an attachment clearly outlining the question it is in reference to.

Has your company, or any of its principles, ever petitioned for bankruptcy or failed in business? Yes No

Have any of the owners, officers or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct? Yes No

Company Ownership, Staff, History (continued)

Has your company ever been disbarred, or otherwise precluded from pursuing public work, or ever been found to be non-responsive by a public agency? Yes No

Has your company ever defaulted or been terminated (for any reason, including convenience) on a contract awarded to you? Yes No

Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work, or failure to meet warranty obligations? Yes No

Is your company, or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? Yes No

Does your company have any outstanding judgments or claims against it? Yes No

Please list any litigation brought against your company in the past five (5) years asserting that you failed to make payments to anyone (if none, please state "NONE"):

Work Preferences

Please indicate the trade(s) that your company is interested in bidding:

List the geographical areas in which you work:

Work Preferences (continued)

Indicate the size of project you have the most experience, and are competitive, in performing (indicate by entering 1). Show in preference order (2, 3, ...) other size projects you are capable of performing:

Under \$100,000 _____	\$500,000 to \$1,000,000 _____
\$100,000 to \$200,000 _____	\$1,000,000 to \$2,000,000 _____
\$200,000 to \$500,000 _____	\$2,000,000 to \$5,000,000 _____

List the trades you normally perform with your own employees:

Which percentage of your company's work is normally subcontracted? _____ %

What trades do you normally subcontract?

What is the largest contract your company has completed?

Amount: _____ Year: _____
Project Name: _____ Scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: _____ Scope: _____
Project Name: _____

What is the expected annual volume this year?

\$ _____ OR Estimated number of projects? _____
Total With an average dollar volume of: _____

What was the average annual volume of work performed over the past 3 years?

2017 \$ _____
2018 \$ _____
2019 \$ _____ Estimated Actual

Additional Details & Verification

What is your company's Dun & Bradstreet Number: _____

Surety Company: _____

Bonding Agent: _____ Contact Person: _____
Phone: _____ Fax: _____

Bonding Capacity

Bond Rate (%) _____ Per Job: \$ _____ Aggregate Amt. Remaining: \$ _____
Phone: _____ Fax: _____

Italicized items must be confirmed in a letter from your surety company.

Check as enclosed

Please attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. Include contact people and phone numbers. ***REQUIRED***

Please attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount, and scope of work. Include contact people and phone numbers. ***REQUIRED***

Please attach a copy of your latest audited financial statement. ***REQUIRED***. Your financial statement is strictly for Thompson Electric, Inc. and will be held in strict confidence.

- If the attached financial statement is not for the identical company named above, explain the relationship and financial responsibility of the company whose financial statement is provided:

Please attach a letter from your surety verifying the bonding information provided above and signed by a representative as attorney-in-fact. ***REQUIRED***

Does your company have a line of credit available at a financial institution? Yes No

Name of bank: _____

Amt. of line of credit \$ _____ Amt. Available: \$ _____ Exp. Date: _____

Please provide the following information about your financial institution: ***REQUIRED***

Name of Bank: _____ Contact Person: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

Additional Details & Verification (continued)

List three (3) of your major suppliers: ***REQUIRED***



Company 1:

Name: _____ Contact Person: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

Company 2:

Name: _____ Contact Person: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

Company 3:

Name: _____ Contact Person: _____
Address: _____ City, State, Zip: _____
Phone: _____ Fax: _____

I hereby warrant and represent that I am an officer, or authorized agent, of the undersigned company, and have authority to execute this document on behalf of the undersigned. I further warrant and represent that the information contained in this pre-qualification form is true and correct to the best of my knowledge, and is based on personal knowledge and records obtained or kept in the ordinary course of our business.

We recognize that Thompson Electric, Inc. will rely on the accuracy of the information provided in this document and any attachments thereto in deciding whether to permit our company to bid and the award of work to our company. I understand that if Thompson Electric discovers that information contained herein is false, inaccurate or misleading, Thompson Electric will construe this as a breach of any agreement between Thompson Electric and the undersigned; and Thompson Electric will have the right to terminate such agreement pursuant to the provisions governing termination for cause.

By our signature below, we authorize any third parties, including listed trade and bank references, to provide Thompson Electric, Inc. with information regarding our company.

Signed: _____

Name: _____

Title: _____

As agent for (Company Name): _____

Date: _____



2020 Subcontractor/Vendor Safety Program Evaluation & Pre-Qualification Questionnaire

The content of this questionnaire will be considered confidential and used solely to determine your firm's qualifications. No purchase order and/or contract will be issued without an approved Safety Program Evaluation. Failure to complete this document and submit the requested documents will result in your company's name being removed from our list of approved providers.

NAICS Code(s): _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Person completing this form:

Name: _____ Direct Phone: _____

Title: _____ Extension: _____

E-mail: _____ Cell Phone: _____

Workers' Compensation Employer Modification Rate (EMR)		2019	2018	2017
List your organizations Ohio and Interstate Workers Compensation Experience Modification Rate (EMR) for the past 3 years. This information is available from your Workers Compensation Insurance Carrier.	Ohio			
	Interstate (if applicable)			

We require independent verification of your EMR. Please attach a copy of:

- The endorsement page from your policy listing your EMR;
- A copy of the EMR Report from the Ohio BWC (this can be downloaded from their website); and/or
- Have your insurance carrier or broker provide this information on their letterhead.

If your EMR is equal to or exceeds 1.0 for any one or more of the last 3 years, please use the space below to provide TEI with a brief written explanation.

Safety Performance

If your company is required to follow OSHA Recordkeeping Requirements, please provide your organization’s injury and illness data for the last three years in the table below. The information provided must be for your organization as a whole, not an individual office/warehouse location. If you have any OSHA recordable cases in a given year, you are required to provide a copy of your relevant OSHA 300 Log to support your annual 300A summary.

- Even if you did not have a recordable injury or illness for any given year, under OSHA’s 29 CFR 1904 “a 300A summary must still be completed depicting “0” recordable in each category and then signed by the highest ranking official working at the establishment (i.e., owner, officer of company, etc.). Please follow the link for additional information on OSHA’s Q&A Recordkeeping web page. https://www.osha.gov/recordkeeping/faq_search/index.html
- If your company is exempt from OSHA recordkeeping requirements (consult the above link for guidance if you have any questions as to whether or not you are exempt) you must still complete the table on the following page.
- 2020 Data is only required if you are completing this form **after April 1, 2020**. This is not only a TEI requirement, but in many cases our customer’s requirement.
- For any lost time injuries/illness or fatalities in the past three (3) years, please attach a description of the incident, including root cause, lessons learned, action taken to prevent a recurrence of the incident.

	YTD 2020	2019	2018	2017
Total Hours Worked				
Average Number of Employees				
Total Number of Recordable Incidents w/Days Away From Work				
Total Number of Days Away From Work				
Total Number of Recordable Incidents w/Restricted Duty				
Total Number of Restricted Duty Days				
DART Rate				
Total Number of Fatalities				
Total Number of “Other” Recordable Incidents (i.e., medical only, illness)				
Total Number of Recordable Incidents	N/A			
Total Recordable Incident Rate	N/A			

If your Company is Exempt from OSHA Recordkeeping Requirements, please fill out the table below:

Your Company’s NAICS Code:				
	YTD 2020	2019	2018	2017
Total Hours Worked				
Average Number of Employees				
Number of Fatalities				
Number of work-related injuries or illnesses requiring treatment beyond First Aid				

2020 Data is only needed if you are completing this form after April 1, 2020

For any lost time, injuries/illness or fatalities in the past three (3) years, please attach a description of the incident, including root cause, lessons learned, action taken to prevent a recurrence of the incident.

Fines/Citations/Legal Actions

Has your organization been issued any health and safety-related citations from any federal state, or local regulatory agency during the past five (5) years? Yes No

- If yes, please explain the citation, classification, and final fine. Provide documentation of the resolution of any serious violations. This should be submitted in a separate document.

Has your organization been named as a party to a lawsuit or legal action as a result of a work-related illness or accident in the last five (5) years? Yes No

- If yes, please attach an additional document briefly explaining.

Has your organization received any warnings, citations or fines from the EPA during the last five (5) years? Yes No

- If yes, please attach an additional sheet providing the details for each warning, citation and/or fine.

Third Party Contractor Safety Evaluation Programs

If you're a registered contractor under IS Network, Avetta, BROWZ, PEC Safety or any other third party contractor safety program evaluation program? If yes please list your account number below: Yes No

IS Network: _____ Avetta: _____

BROWZ: _____ PEC Safety: _____

Subcontractors: Will your organization utilize tiered sub-contractors on Thompson Electric, Inc. work sites? Yes No

If yes, you are required to immediately notify the Safety Department of Thompson Electric, Inc. of the tiered sub-contractor(s) you plan on utilizing on our work sites, and they in turn will be contacted by Thompson Electric and instructed to complete this same application along with supporting documentation. Thompson Electric will then determine if they are qualified to perform any work activities on Thompson Electric, Inc. controlled work sites.

Drug & Alcohol Testing – Many of our clients require that we and our subcontractors have a drug-testing program. Does your organization have a Drug-Free Safety/Drug Free Workplace Program and does it meet DOT Standards? Yes No

- If yes, does your drug & alcohol program include the following
- | | |
|---|---|
| <input type="checkbox"/> Pre-employment Testing | <input type="checkbox"/> Post-Accident/Incident Testing |
| <input type="checkbox"/> Random Testing | <input type="checkbox"/> Return-to-Duty Testing |
| <input type="checkbox"/> Reasonable Cause Testing | <input type="checkbox"/> Customer Requirements |

Safety Staff Information

Does your organization have a full-time safety representative? Yes No

If yes, please list their contact information below and attach a copy of their qualifications:

Name: _____ Direct Phone: _____
Title: _____ Extension: _____
E-mail: _____ Cell Phone: _____

If you have other safety staff, attach an additional sheet listing the same information for each safety representative.

Health & Safety Program

Does your organization have a written safety program and/or manual? Yes No

If yes, please attach a copy of the "Table of Contents" page from this program/manual. TEI reserves the right to request a full electronic version of this program/manual at any time. If you perform work for TEI you will be required to have an electronic or written copy available to your employees on our work sites.

Does your Company maintain, up-to-date licenses and certifications as required for the scope of work they perform (i.e., aerial lift, NCCCO, PIT, asbestos, etc.)? If you utilize sub-tier contractors for any of these duties do you verify their training, licenses and certifications are up to date prior to allowing them to operate any type of equipment? Yes No

Does your Company conduct inspections on operating equipment (i.e., cranes, PIT's, Elevated Work Platforms, etc.) per OSHA, ANSI, ASME requirements? Are these inspections documented and readily available for review? Yes No

Does your Company have a vehicle (i.e., trucks, cars, etc.) inspection program in place? Are these inspections documented and readily available for review? Yes No

Does your Company have a program to inspect slings and rigging equipment? Are these inspections documented and readily available for review? Yes No

Does your Company conduct inspections on required equipment? (i.e., fire extinguishers, ladders, welders, etc.) Are these inspections documented and readily available for review? Yes No

Does your Company have a Disciplinary Action Program that includes safety and health issues? Is the program enforced by all levels of management? Yes No

Does your Company have a policy on the use of electronic devices (i.e., cell phones, computers, etc.) while operating a motor vehicle? While on a customer location? Yes No

Does your Company provide (and pay for) the necessary PPE and fall protection and the associated training for your employees? Yes No

Does your Company perform Pre-Job Analysis? Are Pre-Job Analysis reviewed with all Affected Employees (regardless of status) and supplied to TEI site management prior to the commencement of any work activity? Yes No

- Provide a copy of your form(s)

Does your Company conduct site audits to verify all customer safety requirements are being adhered to? Are these inspections documented and readily available for review? Yes No

- Provide a copy of your form(s)

Does your organization conduct job site safety inspections on the subcontractor employees you use on TEI worksites? Yes No

If yes to the above questions, how often do you conduct these audits Upon Mobilization Weekly Bi-weekly Monthly

Accident/Incident Reporting; Investigation; & Injury Management

Do you company have a written process in place for immediate reporting, investigating, and follow-up of incidents, near misses, equipment damage, and occupational injuries? Yes No

If "Yes" who receives copies of the report and supporting documentation?

President/CEO Fleet/Equipment Manager Warehouse Manager

Safety Department Project/Division Manager Customer

Foremen Field Personnel Human Resources

Other (explain): _____

Does your company have a written injury management procedure to reduce escalation of injury severity? Yes No

Does your company utilize a third party, such as CareWorks, WorkCare, etc., or a similar "Nurse on Call" (i.e., workers compensation TPA) service, to provide timely professional medical advice to injured/ill employees to ensure prompt First Aid to avoid unnecessary escalation of incident severity through lack of treatment? Yes No

Workforce, Health & Safety Training

Will your entire workforce at our job sites consist of your permanent employees? Yes No

If no, what proportion of your workforce may be tiered subcontractors, union/trade, etc. _____

Do you have or provide safety/health training to your employees? Yes No

Does your company have a safety orientation program and/or short-service employee (SSE) designation and mentoring program for new employees? Yes No

- If "Yes" submit a copy of your Orientation/SSE Program
- If "No", how are new employees mentored to ensure they:
 - Are not injured, cause equipment damage, keep themselves from being placed in harm's way;
 - Informed of all relevant company safety policies, procedures and expectations;
 - Follow all OSHA, State, Local and Customer Guidelines and Requirements as they gain experience? Attach an explanation/policy/procedure

Do you maintain documentation of all employees' training? Yes No

Your signature below will serve as certification that Thompson Electric, Inc. can have access to property and data generated from the records related to this overall application as well as your safety and health program.

Signed: _____

Name: _____

Title: _____

Date: _____

The information submitted may be confirmed through an onsite audit. Intentionally submitting incorrect or misleading information may be grounds for removal from the Thompson Electric system and work sites.

Supporting Documentation Checklist

Please provide copies of the following:

	N/A	Attached
• OSHA 300 and 300A forms for the last three (3) years	<input type="checkbox"/>	<input type="checkbox"/>
• Verification of EMR for the last three (3) years	<input type="checkbox"/>	<input type="checkbox"/>
• Additional information on why your EMR is higher than 1.0	<input type="checkbox"/>	<input type="checkbox"/>
• Index or Table of Contents of written Safety Program/Policy	<input type="checkbox"/>	<input type="checkbox"/>
• Supporting documentation for any Fines/Citations/Legal Actions/Fatalitiess	<input type="checkbox"/>	<input type="checkbox"/>
• Information of Primary Safety Representative and any additional safety staff	<input type="checkbox"/>	<input type="checkbox"/>
• Information on Tiered-Subcontractors your organization plans on utilizing on TEI work sites	<input type="checkbox"/>	<input type="checkbox"/>
• Safety Staff members Resume, Qualifications or CV (Mandatory)	<input type="checkbox"/>	<input type="checkbox"/>
• For any lost time, injuries/illness or fatalities in the past three (3) years, a description of the incident, including root cause, lessons learned, action taken to prevent a recurrence of the incident	<input type="checkbox"/>	<input type="checkbox"/>
• Copies of the following forms:	<input type="checkbox"/>	<input type="checkbox"/>
– Site Safety Audit Form	<input type="checkbox"/>	<input type="checkbox"/>
– Pre-Job Analysis Form	<input type="checkbox"/>	<input type="checkbox"/>
– New Hire Orientation or SSE Employee process	<input type="checkbox"/>	<input type="checkbox"/>
– Most recent copy of a documented employee safety training session	<input type="checkbox"/>	<input type="checkbox"/>

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