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| *US Waterways Transportation, LLC and its affiliated companies have established a Safety Management System which includes a vendor qualification process for evaluating subcontractors that provide towing and/or vessel assist services or other services to our company(ies). Please fill out this questionnaire completely and forward the requested documentation by email within 5 business days.* |
| **PART A: YOUR COMPANY INFORMATION** |
| Company Name |  |
| Address |  |
| Phone Number |  |
| Fax Number |  |
| General Email Address |  |
| Web Address |  |
| Contact Name & Title |  |
| Contact Phone Number |  |
| Contact Email Address |  |
| **PART B: FOR RCP, ISM OR ISO CERTIFIED COMPANY** |
| Does your company have a Safety and Health manual? [ ]  Yes [ ]  No Check the applicable standard(s) that your company complies with:[ ]  AWO RCP [ ]  ISM Code [ ]  ISO 9001 [ ]  ISO 14001 Other: If you have a 3rd party certification, who is your registrar: When was your last external audit? **Please provide copies of your current certificate(s).** Is your company required to have a USCG approved facility or vessel security plan?[ ]  Yes [ ]  No [ ]  N/A  **If yes, please provide copies of plan approvals.** |
| ***If your company is AWO RCP certified, or if you are currently certified ISM/ISO, then you do not need to complete Part C of this questionnaire. Simply sign and date this form. Submit a copy of your current applicable certificate(s) by email to*** ***compliance@uswtllc.com******.***  |
| **PART C: FOR NON-CERTIFIED COMPANY** |
| **If your company *does not* have a certified safety management system, please respond whether or not your company has written policy/procedures for the following (as applicable):** |
| **Safety and Health Program:**Safety and Health policy [ ]  Yes [ ]  No [ ]  N/AGeneral safety and health rules [ ]  Yes [ ]  No [ ]  N/APersonal protective equipment (PPE) [ ]  Yes [ ]  No [ ]  N/ASafety/Regulatory training requirements [ ]  Yes [ ]  No [ ]  N/AEmergency preparedness and response [ ]  Yes [ ]  No [ ]  N/AHazard Communication procedures [ ]  Yes [ ]  No [ ]  N/ALock-out/Tag-out procedures [ ]  Yes [ ]  No [ ]  N/AConfined space entry procedures [ ]  Yes [ ]  No [ ]  N/AFall overboard prevention [ ]  Yes [ ]  No [ ]  N/AAccident investigation [ ]  Yes [ ]  No [ ]  N/AFirst Aid/CPR [ ]  Yes [ ]  No [ ]  N/ASafety meetings/drills [ ]  Yes [ ]  No [ ]  N/ADrug and Alcohol policy [ ]  Yes [ ]  No [ ]  N/ABloodborne Pathogens policy [ ]  Yes [ ]  No [ ]  N/ARespiratory protection policy [ ]  Yes [ ]  No [ ]  N/ACrane safety policy [ ]  Yes [ ]  No [ ]  N/ALadder safety policy [ ]  Yes [ ]  No [ ]  N/AForklift safety policy [ ]  Yes [ ]  No [ ]  N/AFoot protection policy [ ]  Yes [ ]  No [ ]  N/AHead protection policy [ ]  Yes [ ]  No [ ]  N/AHearing Conservation policy [ ]  Yes [ ]  No [ ]  N/AFall protection policy [ ]  Yes [ ]  No [ ]  N/AMachine Guarding Policy [ ]  Yes [ ]  No [ ]  N/AMobile Plant Safety [ ]  Yes [ ]  No [ ]  N/AConveyance and Storage of Materials Under Pressure [ ]  Yes [ ]  No [ ]  N/AUnderground and Overhead Utility Dangers [ ]  Yes [ ]  No [ ]  N/AElectrical Safety [ ]  Yes [ ]  No [ ]  N/AWelding, Cutting and Heating [ ]  Yes [ ]  No [ ]  N/ASmoking policy [ ]  Yes [ ]  No [ ]  N/A**Quality Assurance Program:**Quality/Customer Service policy [ ]  Yes [ ]  No [ ]  N/ADocument control [ ]  Yes [ ]  No [ ]  N/ACorrective Action procedures [ ]  Yes [ ]  No [ ]  N/AInternal quality audits [ ]  Yes [ ]  No [ ]  N/APurchasing procedures [ ]  Yes [ ]  No [ ]  N/ACustomer Focus [ ]  Yes [ ]  No [ ]  N/AInspection/audit program [ ]  Yes [ ]  No [ ]  N/A**Environmental Program:**Environmental policy [ ]  Yes [ ]  No [ ]  N/AGarbage disposal procedures [ ]  Yes [ ]  No [ ]  N/AWaste oil procedures [ ]  Yes [ ]  No [ ]  N/AHazardous Waste procedures [ ]  Yes [ ]  No [ ]  N/ASanitary waste procedures [ ]  Yes [ ]  No [ ]  N/ASpill/Emergency Response Plan [ ]  Yes [ ]  No [ ]  N/AApplicable NPDES/SPDES Permits [ ]  Yes [ ]  No [ ]  N/A**Equipment Maintenance Standards:**Scheduled maintenance procedures [ ]  Yes [ ]  No [ ]  N/APreventive Maintenance Procedures [ ]  Yes [ ]  No [ ]  N/ACorrective Maintenance Procedures [ ]  Yes [ ]  No [ ]  N/AMaintenance record retention program [ ]  Yes [ ]  No [ ]  N/AMajor propulsion equipment maintenance program [ ]  Yes [ ]  No [ ]  N/A**Security Program:**Security policy [ ]  Yes [ ]  No [ ]  N/ACompany Security Plan [ ]  Yes [ ]  No [ ]  N/AVessel Security Plan [ ]  Yes [ ]  No [ ]  N/AFacility Security Plan [ ]  Yes [ ]  No [ ]  N/ACompany Security Officer designated in writing [ ]  Yes [ ]  No [ ]  N/AAre your policies/procedures available for review if an auditor visited your company? [ ]  Yes [ ]  No |
| **PART D: SIGNATURE** |
| Your Name: | Signature: | Date:  |
|  |
| ***This section for internal use only:*** *Reviewed by*: *Date:* V*endor/Contractor Approved:* [ ]  Yes [ ]  No *Approved by:* *Copy of current applicable HSQE certificate(s) attached:* [ ]  Yes [ ]  No *Certificate: Expiration Date:* *Certificate: Expiration Date:* *Certificate: Expiration Date:*  |