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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***](mailto: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/A  General safety and health rules  Yes  No  N/A  Personal protective equipment (PPE)  Yes  No  N/A  Safety/Regulatory training requirements  Yes  No  N/A  Emergency preparedness and response  Yes  No  N/A  Hazard Communication procedures  Yes  No  N/A  Lock-out/Tag-out procedures  Yes  No  N/A  Confined space entry procedures  Yes  No  N/A  Fall overboard prevention  Yes  No  N/A  Accident investigation  Yes  No  N/A  First Aid/CPR  Yes  No  N/A  Safety meetings/drills  Yes  No  N/A  Drug and Alcohol policy  Yes  No  N/A  Bloodborne Pathogens policy  Yes  No  N/A  Respiratory protection policy  Yes  No  N/A  Crane safety policy  Yes  No  N/A  Ladder safety policy  Yes  No  N/A  Forklift safety policy  Yes  No  N/A  Foot protection policy  Yes  No  N/A  Head protection policy  Yes  No  N/A  Hearing Conservation policy  Yes  No  N/A  Fall protection policy  Yes  No  N/A  Machine Guarding Policy  Yes  No  N/A  Mobile Plant Safety  Yes  No  N/A  Conveyance and Storage of Materials Under Pressure  Yes  No  N/A  Underground and Overhead Utility Dangers  Yes  No  N/A  Electrical Safety  Yes  No  N/A  Welding, Cutting and Heating  Yes  No  N/A  Smoking policy  Yes  No  N/A  **Quality Assurance Program:**  Quality/Customer Service policy  Yes  No  N/A  Document control  Yes  No  N/A  Corrective Action procedures  Yes  No  N/A  Internal quality audits  Yes  No  N/A  Purchasing procedures  Yes  No  N/A  Customer Focus  Yes  No  N/A  Inspection/audit program  Yes  No  N/A  **Environmental Program:**  Environmental policy  Yes  No  N/A  Garbage disposal procedures  Yes  No  N/A  Waste oil procedures  Yes  No  N/A  Hazardous Waste procedures  Yes  No  N/A  Sanitary waste procedures  Yes  No  N/A  Spill/Emergency Response Plan  Yes  No  N/A  Applicable NPDES/SPDES Permits  Yes  No  N/A  **Equipment Maintenance Standards:**  Scheduled maintenance procedures  Yes  No  N/A  Preventive Maintenance Procedures  Yes  No  N/A  Corrective Maintenance Procedures  Yes  No  N/A  Maintenance record retention program  Yes  No  N/A  Major propulsion equipment maintenance program  Yes  No  N/A  **Security Program:**  Security policy  Yes  No  N/A  Company Security Plan  Yes  No  N/A  Vessel Security Plan  Yes  No  N/A  Facility Security Plan  Yes  No  N/A  Company Security Officer designated in writing  Yes  No  N/A  Are 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:* | | | |