



SUPPLEMENTAL QUESTIONS

OUC 70000 Maintenance & Operations

Consultant Name: _____ Date: _____

- All Supplemental Questions must be answered for each Numbered Service checked off in **Section 5. Services Requested for Prequalification Consideration** on the Application.
- There is a bookmark navigation panel to the left. To navigate to a set of Supplemental Questions, click on the “plus sign” next to the applicable Service Number then answer each question.
- If a Service Number checked off in Section 5 of the Application is not listed in the Table of Contents below or on navigation panel, there are no Supplemental Questions for that Service Number.

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Consultant Name: _____

Date: _____

Supplemental Question(s) for 501.00 Environmental Health & Safety Consultation

1. How long has the firm been providing health and safety consultation services?

Consultant Name: _____

Date: _____

2. Does the firm employ a Certified Industrial Hygienist?

Consultant Name: _____

Date: _____

3. What experience does the firm have developing and delivering safety-related training? Please identify topics.

Consultant Name: _____ Date: _____

4. What is your company's experience providing consultation regarding each of the following:
- a. **Lead in Construction**

- b. **Silica in Construction**

Consultant Name: _____

Date: _____

c. **Heat Stress**

d. **Respiratory Protection**

Consultant Name: _____

Date: _____

e. **Noise**

f. **Fall Protection**

Consultant Name: _____ Date: _____

5. How is it that the firm stays up to date with changes in safety legislation and standards?