



HARLEY-DAVIDSON MOTOR COMPANY STANDARDIZED CONTRACTOR SAFETY PRE-QUALIFICATION FORM (SCSPF)

Complete and email this form to the appropriate facility by clicking on the location below:

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Company Name:			
Street Address:			
City/State/Zip:		Website:	
Contact Person:		Title:	
Phone Number:		SIC / NAICS Code(s):	
Fax Number:		Specialty Trades Performed:	
E-Mail:			
Parent Company Name:		Subsidiaries:	
City:		State:	Zip:
How many years has your organization been in business under your present firm name?			
Form of Business: Sole Owner Partnership Corporation (State Incorporated:)			
State License #:		Tax ID #:	Dun's #:
Under Current Management Since (Date):			
Type of work being performed at the Harley-Davidson Motor Company:			
Harley-Davidson Motor Company Project Champion/Dept/Phone:			

A. Environmental, Health and Safety

List the following information about the person who will oversee the health and safety aspects of your Harley-Davidson Motor Company operations. This person must be competent to recognize environmental, health and safety hazards and have the authority to take corrective action.				
Does your company have a written safety and health program? Yes No				
H&S Name:		Position:		
Phone: () - Cell: () - E-Mail:				
Env. Name		Position:		
Phone: () - Cell: () - E-Mail:				
Describe your safety training for your employees.	YES	NO	FREQUENCY:	BY WHOM:
- Employee Initiation Safety Training				
- Supervisors, Managers				
- Jobsite "Tool Box Meetings"				
Does your company perform jobsite inspections? <i>(If yes, please attach an example copy.)</i>				
Does your company employ an outside agency to perform jobsite inspections?				

If your company does NOT perform jobsite inspections, explain why:

A. Environmental, Health and Safety (continued)

Does your company have a site specific safety program? Yes No
 (If yes, please attach a copy of the Table of Contents. A full copy will be requested upon pre-qualification approval.)

List your insurance carrier(s): (Please attach copy of current insurance certificate.)

Name	Type of Coverage	Insurance Broker's Contact & Telephone

B. Injury Rates

Please attach copies of your OSHA 300 log summaries for the last three complete calendar year.
 If you do not complete OSHA 300 forms, explain why below:

List your company's OSHA Recordable Incident Rate for the last three completed calendar years.

Year:	Year:	Year:
Rate:	Rate:	Rate:

List your company's OSHA Severity or Lost Workday Rate for the last three completed calendar years.

Year:	Year:	Year:
Rate:	Rate:	Rate:

List your company's experience modification rate (E. M. R.) for the last three completed calendar years.

Year:	Year:	Year:
Rate:	Rate:	Rate:

Please attach a letter from your insurance carrier or state fund (on their letterhead) verifying the E.M.R. data provided.)

C. Subcontractor Operations

1. Submit a list of all subcontractors you plan to use at Harley-Davidson Motor Company.

2. Copy this form for your subcontractors. Each subcontractor must complete and submit this form.

D. OSHA Citations or Environmental Notices of Violations (NOVs)

	YES	NO
1. Has your company been issued a citation by OSHA in the last three years? If "Yes" provide the citation date, written description of citation, code reference and abatement action.		
2. Has your company received any environmental NOVs in the past three years? If "Yes" provide the date of the NOV, a written description on the NOV, explaining what happened, why it happened and what programs were established to prevent the occurrence from happening again		

E. Health and Safety Programs

Read carefully and answer the following statements about your health and safety programs. Not all programs or program elements apply to all operations. If the program or program element does not apply to your work at the Harley-Davidson Motor Company, please check the N/A box and be prepared to discuss the selection. If a program does apply, check "yes" and provide us a copy of your written program addressing the elements listed for the respective section. If "no" go to the next program number.

1. Abrasive Blasting	YES	NO	N/A
A. Does your operation include abrasive blasting?			
B. Do you have a written abrasive-blasting program to ensure compliance with 29 CFR 1915?			
C. Your written program needs to contain the following elements:	YES	NO	N/A
- Training – include specific procedural training elements			
- Exposure monitoring (grit, lead, surface coatings, etc.)			
- Surface paint sampling			
- Grit Identification (MSDS)			
- Ventilation requirements			
- Protective work clothing and equipment			
- Personal hygiene (procedures & facilities)			
- Respiratory protection			
- Clean-up and waste disposal			

- Inspection criteria for blasting equipment			
- Additional OSHA standards addressed			

2. Asbestos	YES	NO	N/A
A. Does your operation include occupational exposure to asbestos?			
B. Have you made your employees aware of the hazards associated with asbestos and empowered them to stop work if they suspect an asbestos exposure is present?			
C. Do you have a written asbestos program to ensure compliance with 29 CFR 1910.1001, 1915.1001 or 1926.1101 as applicable?			
D. Your written program needs to contain the following elements:	YES	NO	N/A
- Licensing & training – include specific procedural training elements			
- Exposure monitoring			
- Medical surveillance			
- Worker/supervisor/etc. accreditation and/or licensing			
- Job specific work plan			
- Control procedures (work practices/equipment)			
- Demarcation of regulated areas			
- Respiratory protection			
- Protective work clothing and equipment			
- Personal hygiene (procedures & facilities)			
- Personnel notification (for work where other than contractor personnel are present			
- Procedure for releasing (clearing) work area			
E. Please provide job specific asbestos work plans for evaluation and approval prior to the commencement of asbestos operations.			
F. Please provide a DOT Hazmat Security Plan (49 CFR Part 172.800) for evaluation and approval prior to shipping asbestos waste offsite.			

3. Bloodborne Pathogens	YES	NO	N/A
A. Does your company have a written procedure detailing how injured employees will be provided first aid medical treatment?			
B. Does your procedure require outside or host medical services be contacted to provide first aid?			
C. Does your procedure require designated and trained company employees to provide first aid medical treatment?			
D. Do you have a written bloodborne pathogen program to ensure compliance with 29 CFR 1910.1030?			
E. Your written program needs to contain the following elements:	YES	NO	N/A
- Training – include specific procedural training elements			
- Exposure controls			
- Methods of compliance (universal precautions, work practices, PPE)			
- Post exposure evaluation & follow up			
- Communication of hazards to employees (labels, etc.)			
- Recordkeeping (medical records-to include retention time)			

4. Confined Spaces	YES	NO	N/A
A. Does your operation include entering confined & enclosed spaces?			
B. Do you have a written confined space program to ensure compliance with 29 CFR 1910.146 or 1926 (b)(6)(i) as applicable?			
C. Your written program(s) needs to contain the following elements:	YES	NO	N/A
- Training of confined space entrants – include specific procedural training elements			
- Training/Attendants – include specific procedural training elements			
- Requirements for competent person			
- Precautions before entering confined spaces			
- Entry permit, include a sample of permit			
- Posting of entry signs			
- Exchange of hazard information between employers			
- Cleaning and cold work			
- Hot Work			

- Maintenance of safe conditions			
- Plan for rescue and response			

5. Electrical Safety	YES	No	N/A
A. Does your operation include electrical system(s) operations?			
B. Do you have a written electrical safety program to ensure compliance with 29 CFR 1910.147, 1910 Subpart S, or 1926 subpart K as applicable and NFPA 70E.			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training – include specific procedural training elements			
- Control procedures (work practices/equipment)			
- Protective work clothing and equipment			
- Lockout/Tagout (electrical sources)			

6. Fall Protection	YES	No	N/A
A. Does your operation include unprotected elevated work sites 4 feet or more above the floor or working surface?			
B. Do you have a written fall protection program to ensure compliance with 29 CFR 1910.23 (b) & (c), 1910.66 (j), 1910.67(c), 1926.104, 1926.105, 1926.106, 1926.453(b)(2)(v) or 1926 Subpart M as applicable?			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training (body harness and/or positioning devices) – include specific training elements			
- Competent persons (requirements for fall protection competent persons)			
- Criteria for installation of lifelines or anchorage points			
- Criteria for the use of a safety harness			
- Criteria for equipment pre-issue inspection			

7. Hazard Communication	YES	No	N/A
A. Does your company have a written hazard communication program to ensure compliance with 29 CFR 1910.1200 or 1926.59 as applicable?			
B. MSDS for all hazardous materials and quantities used will be provided to the Harley-Davidson Motor Company.			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training – include specific procedural training elements			
- MSDS Management:			
- Acquisition			
- Updates			
- Access for employees			
- Availability to other employers and employees			
- Labeling (original and secondary containers)			
- Non-routine tasks			
D. Your written program needs to require all containers at the Harley-Davidson Motor Company to be labeled, include those for immediate use.			

8. Hearing Conservation	YES	No	N/A
A. Does your operation include exposures to sound levels above 85 dBA TWA?			
B. Do you have a written hearing conservation program to ensure compliance with 29 CFR 1910.95 or 1926.52 as applicable?			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training – include specific procedural training elements			
- Equipment/noise controls if applicable			
- Periodic exposure monitoring and employee notification			
- Protection threshold (when hearing protection is required)			
- PPE selection (types available)			
- Audiometric testing and employee notification			

9. Ladder Safety	YES	NO	N/A
A. Does your operation include the use of ladders?			
B. Do you have written program to ensure compliance with 29 CFR1910.25, 1910.26, 1910.27 or 1926.1053 as applicable?			
C. Your written program needs to contain the following elements:	YES	NO	N/A
- Training – include specific procedural training elements			
- Inspection criteria prior to installation and use			
- Installation/securing			
- Construction methods			

10. Laser Safety	YES	NO	N/A
A. Does your operation include the use of laser equipment (levels, pointers, positioning equipment)?			
B. Do you have a written program to ensure compliance with ANSI Z136.1-1993?			
C. Your written program needs to contain the following elements:	YES	NO	N/A
- Training – include specific procedural training elements			
- Hazard evaluation and classification			
- Control measures			
- Medical surveillance (Class 4 lasers and laser systems)			
- Non-beam hazards (Class 4 laser and laser systems)			

11. Lockout/Tagout (29 CFR 1910 General Industry)	YES	NO	N/A
A. Does your operation expose employees to hazardous energy sources?			
B. Do you have a written hazardous energy control plan to ensure compliance with 29 CFR 1910.147 or 1926.417 as applicable?			
C. Your written program needs to contain the following elements:	YES	NO	N/A
- Training (authorized and affected employees) include specific procedural training			
- Energy control procedure			
- Communication (affected employees)			
- Placement, removal and transfer of locks & tags			
- Testing to ensure energy is controlled			
- Test or positioning equipment (jog mode)			
- Outside personnel (notification requirements)			
- Group control devices			
- Shift/personnel changes (removal of lock/tag by someone other than the individual who placed the device)			
- Type of control devices (locks/tags):			
- Specific type			
- Durable			
- Standardized			
- Identify employee			
- Annual documented audit			
- Re-training requirements			

12. New Employee Orientation	YES	NO	N/A
A. Do you have a written program for new employee orientation?			
B. Do you maintain documentation of new employee orientation?			

13. Periodic Safety Meetings	YES	NO	N/A
A. Do you have a written program for periodic safety meetings?			
B. Do you have documentation of employee participation for these meetings?			

14. Personal Protective Equipment (PPE)	YES	No	N/A
A. Do you have a written PPE program to ensure compliance with 29 CFR 1910 Subpart I, 1926 Subpart E or 1926.28 as applicable?			
B. Your written program needs to contain the following elements:	YES	No	N/A
- Training – include specific procedural training elements			
- Hazard assessment			
- Defective and damaged equipment			
- Eye and face protection (List applicable ANSI Standard)			
- Respiratory protection			
- Head protection (List applicable ANSI Standard)			
- Foot protection (List applicable ANSI Standard)			
- Hand and body protection			
- Lifesaving equipment (fall arrest equipment, positioning systems, floatation devices, etc.)			
- Electrical protective equipment			
- Appropriate dress for work (loose clothing, jewelry, etc.)			
- Equipment care and maintenance			
C. Have you completed job hazard assessments as required by 29 CFR 1910.132(d)(1)?			
D. Has proper PPE been selected for your employees based on those hazards assessments?			
E. Has PPE training been provided and documented as required by 29 CFR 1910.132(f)(1)&(2)?			

15. Powered Industrial Trucks (Forklifts/Mobile Equipment)	YES	No	N/A
A. Our operations will include Powered Industrial Trucks (forklifts).			
B. We have a written program to ensure compliance with 29 CFR 1910.178 or 29 CFR 1926 Subpart O as applicable.			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training – include specific procedural training elements:			
- Safe operation			
- Truck related topics			
- Workplace related topics			
- Refresher training and evaluation			
- Certification			
- Truck operations			
- Truck inspection – include Operator’s Daily Checklist			
- Fueling or battery handling, storage, and charging			
- Ambient lighting requirements			
- Exhaust controls (if applicable)			
- Loading/Unloading precautions (trailers, trucks and railcars)			
- Modification approvals			
- Hazardous atmosphere/location operations (if applicable)			

16. Powered Platforms & Vehicle-Mounted Work Platforms (JLG’s & Scissors Lifts)	YES	No	N/A
A. Does your operation include the use of powered platforms and/or vehicle mounted work platforms (JLG’s & Scissors Lifts)?			
B. Do you have a written program to ensure compliance with 29 CFR 1910.67 or 1926.453 as applicable?			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training – include specific procedural training elements			
- Daily testing of lift controls, include Operators Daily Checklist			
- Fall protection requirements			
- Operational requirements for overhead work, near electric power lines			

17. Respiratory Protection	YES	No	N/A
A. Does your operation expose employees to areas where respirators are required?			
B. Do you have a written respirator program to ensure compliance with 29 CFR 1910.134 or 1926.103 as applicable?			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training – include specific procedural training elements			
- Medical evaluations – include sample Medical Questionnaire			
- Fit-testing – include Fit – Testing procedures			
- Recordkeeping (medical records – to include retention time)			
- Respirator selection (based on hazard assessment)			
- Respirator use			
- Respirator maintenance and care			
- Identification of filters, cartridges, and canisters			
- Breathing air quality and use (if applicable)			
- Annual program evaluation			

18. Rigging and Crane Safety	YES	No	N/A
A. Does your operation include rigging and/or crane operations?			
B. Do you have a written program to ensure compliance with 29 CFR 1910 Subpart N or 1926 Subpart H & N as applicable?			
C. Your written program needs to contain the following elements:	YES	No	N/A
- Training (rigger and crane operators) – include specific procedural training elements:			
- Inspection criteria			
- Lifting gear			
- Crane (initial, frequency, periodic)			
- Running rope			
- Operating procedures			
- Operator daily checklist			
- Crane testing program/equipment certification			
- Maintenance program			
- Equipment modification			
- Operator fire extinguisher training			

19. Safety Program Documentation	YES	No	N/A
A. Are all safety program documentations available for review by Harley-Davidson?			

20. Self Inspections	YES	No	N/A
A. Do you have a written workplace inspection program?			
B. Are inspections and corrective actions documented?			

21. Trenching and Excavation	YES	NO	N/A
A. Does your operation include trenching and/or excavating activity?			
B. Do you have a written program to ensure compliance with 29 CFR 1926 Subpart P?			
C. Your written program needs to contain the following elements:	YES	NO	N/A
- Training – include specific procedural training elements			
- General Awareness			
- Soil classification			
- Competent Person			
- Employee protection systems (sloping, shoring, protection systems)			
- Soil Classification			
- Design and use of employee protection systems (sloping, shoring, protection systems)			
- Inspections			
- Hazard Assessments			
- Underground installations			
- Access and egress			
- Hazardous atmospheres			
- Water accumulation			
- Exposures to vehicular traffic and surface equipment			
- Stability of adjacent structures			
- Protection of employees from loose rock or soil			

22. Welding, Burning and Cutting	YES	NO	N/A
A. Does your operation include welding, burning or cutting?			
B. Do you have a written program to ensure compliance with 1910 Subpart Q or 1926 Subpart J as applicable?			
C. Your written program needs to contain the following elements:	YES	NO	N/A
- Training - include specific procedural training elements			
- PPE selection (eye, face and skin protection)			
- Ventilation requirements			
- Fire Prevention			
- Inert gas uses (if applicable)			
- Shield gas welding methods			
- Sparging of systems			
- Purging of pipelines and other structures			
- Welding, cutting and heating on hollow metal containers and structures			

Signature – FORM MUST BE SIGNED BY A COMPANY REPRESENTATIVE.

Signature Block

I hereby certify that all the information contained in this pre-qualification statement is true and complete, and that I have the authority to execute this document on behalf of this firm.

Electronic Signature: _____

Name: _____

E-mail: _____

