

Bidder Survey Questionnaire

Silica Management Under the OSHA Expanded Construction Standard.

Instructions for completing this questionnaire. For each item below, select responses to the questions that best match your firm’s physical and administrative capability. Your answers may be used by the government in assessing any bid you submit. Bidders must provide full, accurate, and complete information as required by this solicitation and its attachments. The penalty for making false statements in bids is prescribed in 18 U.S.C. 1001.

Masonry Cutting			
	<input type="checkbox"/> These controls are NOT required by the scope of work		
	I possess equipment with manufacturer designed dust controls	I will acquire equipment with manufacturer designed dust controls	I will perform the work using dust controls other than those designed by the manufacturer
Stationary Saws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld power saws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-behind saws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivable saws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rig-mounted Saws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Masonry Drilling			
	<input type="checkbox"/> These controls are NOT required by the scope of work		
	I possess equipment with manufacturer designed dust controls	I will acquire equipment with manufacturer designed dust controls	I will perform the work using dust controls other than those designed by the manufacturer
Impact/rotary hammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld drill, other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dowel drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Rig-mounted Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle-mounted drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Masonry Chipping / Breaking			
	<input type="checkbox"/> These controls are NOT required by the scope of work		
	I possess equipment with manufacturer designed dust controls	I will acquire equipment with manufacturer designed dust controls	I will perform the work using dust controls other than those designed by the manufacturer
Impact/rotary hammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld chipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jackhammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoe Ram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Crusher/Chipper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Masonry Grinding / Milling			
	<input type="checkbox"/> These controls are NOT required by the scope of work		
	I possess equipment with manufacturer designed dust controls	I will acquire equipment with manufacturer designed dust controls	I will perform the work using dust controls other than those designed by the manufacturer
handheld grinder, tuckpointing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handheld grinder, other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk-behind milling machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivable milling machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle-mounted milling machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Demolition Work				
	<input type="checkbox"/> These controls are NOT required by the scope of work			
	I possess equipment with an enclosed cab that provides fresh, climate-controlled air to the operator	I will acquire equipment with an enclosed cab that provides fresh, climate-controlled air to the operator	I will apply water and/or dust suppressants as necessary to minimize dust emissions	I will restrict access to the work area as necessary, to minimize exposure to dust emissions
Compact Track Loader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Loader/backhoe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Grader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haul Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health And Safety Program (HASP)		
	True	False
I have an existing HASP that complies with the requirements of 29 CFR 1926.1153, the Respirable Crystalline Standard for Construction	<input type="checkbox"/>	<input type="checkbox"/>
I have read and am familiar with OSHA 3902-07R, the Small Entity Compliance Guide for the Respirable Crystalline Standard for Construction	<input type="checkbox"/>	<input type="checkbox"/>
I have prepared written silica control plans for this type of work on previous Jobs	<input type="checkbox"/>	<input type="checkbox"/>

Competent Person			
I will assign a dedicated employee with prior silica work experience to manage dust control	I will assign a dedicated employee from general construction trades to manage dust control	The project manager will be assigned responsibility for managing dust control	The shift foreman will be assigned responsibility for managing dust control
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Licensing			
I am a licensed contractor in the state of Pennsylvania	I am a licensed contractor in another state	I am not a licensed contractor	If licensed, provide the following information:
			License Number State
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Print/Sign: _____ / _____ Date: _____
 Project #/Company/Title: _____ / _____ / _____