



HORIZONTAL BORING/DIRECTIONAL DRILLING CONTRACTOR'S QUESTIONNAIRE

Customer Name: _____

Agent: _____

Description of operations: _____

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1) What locate service do you use to identify underground exposures? _____ | | |
| Do you keep records of calls and diary for re-locates? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you use either still or video cameras to document locate lines prior to digging? | <input type="checkbox"/> | <input type="checkbox"/> |
| What additional steps do you use to avoid underground hazards? _____ | | |
| _____ | | |
| 2) What type of traffic control do you use? _____ | | |
| 3) How are your employees and equipment protected from overhead power lines? _____ | | |
| _____ | | |
| 4) Does your operation require blasting? If yes, attach a separate questionnaire. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Has your company ever caused an interruption of utility service? | <input type="checkbox"/> | <input type="checkbox"/> |
| What utility? _____ | | |
| How long was the duration of the outage? (number of hours) _____ | | |
| What was the cause and cost of the loss? _____ | | |
| 6) What type of training is provided to employees? _____ | | |
| _____ | | |
| 7) Are applicants required to provide acceptable MVRs prior to hiring? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are MVRs ordered on all drivers at least once a year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Are family members and employees allowed personal use of any vehicles? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please describe: _____ | | |
| _____ | | |
| 9) Do you subcontract any part of the operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| What operation? _____ | | |
| Are subcontractors required to carry general liability and workers compensation limits equal to or higher than those you carry? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are subcontractors required to provide a Certificate of Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the subcontractors required to sign a hold harmless agreement? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the subcontractors required to add you as an additional insured to their policy? | <input type="checkbox"/> | <input type="checkbox"/> |

YES **NO**

10) How is the equipment transported to the job site? _____

Is the equipment left at the job site during nonworking hours?

How is the equipment protected from fire and theft at the job site? _____

11) Do you belong to a professional association?

If so, which one? _____

12) Do you use the Internet?

If yes, in what way? _____

Do you have a web site? What is the address? _____

Please list current jobs, and those completed during the last 12 months.

Contract Name	Cost	Description of Job

Completed By: _____ Date _____