



Subcontractor Safety Questionnaire

Subcontractor: _____ Project: _____

1. List your company's current Workers Compensation Experience Modification Rate and for the past 2 years.
a. 201__ : _____ 201__ : _____ 201__ : _____

(If over 1,000, please provide the following information from your last years – OSHA 300 log)

of Recordable Cases: _____ #Workdays Lost: _____ #of Man-Hours _____

2. Do you conduct safety inspections regularly? Yes No
3. Please list Safety Personnel and his/her/their experience: (you may use a separate sheet of paper if necessary)

4. Do you have a written Accident Prevention/Safety Program? Yes No
5. Do you maintain a written Site-Specific Safety Plan covering your work?
(i.e. fall protection, excavation & trenching, confined space) Yes No
6. Do you have a safety orientation program for new hires? Yes No
7. Do you conduct, document and maintain records of weekly craft "toolbox" safety meetings? Yes No
8. Do you use sub-tier subcontractors in the performance of your work? Yes No
9. Do your sub-tier subcontractors have a written Accident Prevention/Safety Program? Yes No
10. Do your sub-tier subcontractors maintain a written Site-Specific Safety Plan covering their work?
(i.e. fall protection, excavation & trenching, confined space) Yes No
11. Do you maintain a copy of your sub-tier subcontractors' Site-Specific Safety Plan? Yes No
12. Do you require your sub-tier subcontractors to attend weekly "toolbox" safety meetings? Yes No
13. Do you review and/or monitor your sub-tier subcontractors' weekly "toolbox" safety meeting minutes? Yes No
14. Please describe your disciplinary action procedures when you detect a deficiency in your sub-tier subcontractors' safety performance - attach examples of written documents. (You may use another sheet of paper if necessary.)

Name: _____ Title: _____

Signature: _____ Phone: _____ Date: _____