

Contractor Safety Qualification Questionnaire

Contractor's Name: _____

Address: _____

Contact Name & Phone#: _____

1. List your firm's Interstate Experience Modification Rate (EMR) for the three most recent years and attach written verification from your Insurance Company.

Year:	EMR:
_____	_____
_____	_____
_____	_____

2. Please use your last three year's OSHA No. 300 log to fill in the number of injuries and illnesses:

Number of lost workday (days away) cases:

Yr: _____	# _____
Yr: _____	# _____
Yr: _____	# _____

Number of restricted workday cases:

Yr: _____	# _____
Yr: _____	# _____
Yr: _____	# _____

Number of cases with medical treatment only:

Yr: _____	# _____
Yr: _____	# _____
Yr: _____	# _____

Number of fatalities:

Yr: _____	# _____
Yr: _____	# _____
Yr: _____	# _____

3. Employee hours worked and Recordable Incidence Rate (RIR) for the last 3 years.
(Do not include any nonwork time, even through paid.)

Yr.	Hours	Field RIR	Overall Hours	Overall RIR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. What is your Company's SIC code and Description?

SIC Code _____
Description _____

Contractor Safety Qualification Questionnaire

5. Please provide your Company's OSHA citation history for the past five (5) years. Include the following information for each citation:

- a) Location
- b) Date
- c) Type Inspection
- d) Standard Cited
- e) Violation Type
- f) Current Status

6. Are accident reports (OSHA 101) and report summaries sent to the following? How often?

	No	Yes	Monthly	Quarterly	Annually
Field Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President of Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President of Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you hold site safety meetings for field supervisors? Yes No

How Often? Weekly Bi-weekly Monthly Less often, as needed

8. Do you conduct project safety inspections? Yes No

If so, who conducts this inspection (title)? _____

How often are they conducted? _____

Who are the results reported to? _____

9. Are accident records and accident summaries kept? If so, how often are they reported?

	No	Yes	Monthly	Quarterly	Annually
Accidents totaled for the entire company:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidents totaled by project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Subtotaled by Superintendent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Subtotaled by foreman:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contractor Safety Qualification Questionnaire

10. How are the costs of individual accidents kept? How often are they reported?

	No	Yes	Monthly	Quarterly	Annually
Costs totaled for Entire company:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost totaled by Project:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Subtotaled by Superintendent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Subtotaled by foreman:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do you have a written safety program? Yes No

Please submit a copy of your written Safety and Health Program.

12. Do you have an orientation program for new hires? Yes No

If so, check the following topics that are included in the orientation program:

<input type="checkbox"/> Head Protection	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Hazard Communications
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> First-aid facilities	<input type="checkbox"/> Ladders
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Emergency Procedures	<input type="checkbox"/> Heat Stress
<input type="checkbox"/> Respiratory protection	<input type="checkbox"/> Trenching and Excavation	<input type="checkbox"/> Manual Lifting
<input type="checkbox"/> Fall Protection & Fall Arrest	<input type="checkbox"/> Signs, barricade, flagging	<input type="checkbox"/> Hand Protection
<input type="checkbox"/> Scaffolding	<input type="checkbox"/> Electrical safety	<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Perimeter Guarding	<input type="checkbox"/> Rigging and crane safety	<input type="checkbox"/> Job Safety Analysis
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Confined Spaces Equipment	

13. Do you have a training program for newly hired or promoted supervision? Yes No

If so, does it include instruction on the following?

	Yes	No
A. Safe work practices	<input type="checkbox"/>	<input type="checkbox"/>
B. Safety supervision	<input type="checkbox"/>	<input type="checkbox"/>
C. Toolbox meetings	<input type="checkbox"/>	<input type="checkbox"/>
D. Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>
E. First-aid procedures	<input type="checkbox"/>	<input type="checkbox"/>
F. Accident investigation	<input type="checkbox"/>	<input type="checkbox"/>
G. Fire protection and prevention	<input type="checkbox"/>	<input type="checkbox"/>
H. New worker orientation	<input type="checkbox"/>	<input type="checkbox"/>

**Contractor Safety
Qualification Questionnaire**

14. Do you hold craft “toolbox” or “tailgate” safety meetings? Yes No

How often? Weekly Bi-weekly Monthly Less often, as needed

Who conducts it? _____

15. How is supervision held accountable for safety?

16. What is the competency level of your corporate and project Safety Professionals?

17. List the safety subjects for which your site management team will meet the requirements of an OSHA designated competent person.

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____