



SAFETY QUESTIONNAIRE

Subcontractor: _____ Date: _____

1. List your company's Worker's Compensation Modification rates for the last 3 years

20____: _____ 20____: _____ 20____: _____
(If over 1.000, please provide the following information from last year's OSHA 300 log)

of Recordable cases: _____ # of Workdays Lost: _____ # of Lost Man Hours: _____

2. Do you have a written Accident Prevention/Safety Plan? Yes No
If yes, please submit a copy for our records.
3. Do you maintain a written Site Specific Safety Plan covering your work? Yes No
(i.e. fall protection, excavation & trenching, confined space, etc.)
4. Do you have a safety orientation program for new hires? Yes No
5. Do you conduct, document and maintain records of safety meetings? Yes No
If yes, how often?
 Weekly Biweekly Monthly
6. Do you use sub-tier subcontractors in the performance of your work? Yes No
7. Do your sub-tier subcontractors have a written Accident Prevention/Safety Plan? Yes No
8. Do your sub-tier subcontractors maintain a written Site Specific Safety Plan covering their work? Yes No
9. Do you maintain a copy of your sub-tier subcontractors' Site Specific Safety Plan? Yes No
10. Do you conduct project safety inspections? Yes No
11. Please describe any disciplinary action procedures when you detect a deficiency in your sub-tier subcontractor's safety performance. Attach examples of any written documents.

Name: _____ Title: _____

Signature: _____ Date: _____