

Subcontractor Safety Questionnaire

GBC Construction LLC Subcontractor Safety Questionnaire

Contractor: _____

To get a better understanding of your current and past safety experience, we ask that you please provide the information requested below. It is imperative to provide accurate information, as it may be verified. Falsification of information will be grounds for disqualification of proposals.

1. List your firm's Experience Modifier Rate (EMR) for the three most recent years:

INTERSTATE EMR		
Current Year - 20__	Last Year - 20__	Prior Year - 20__

Please attach a copy of your most recent Experience Modification Rating sheet. Include Risk Identification Number: _____

2. Please use your last three years of OSHA 300 logs to fill in the following:

Current Year	Last Year	Prior Year

- a. Number of lost workday cases:

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- b. Number of recordable injuries:

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- c. Number of fatalities

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3. Employee hours worked for last three years.

Current Year	Last Year	Prior Year

4. Are OSHA 300 logs kept:

a. On individual work sites? Yes _____ No _____

b. Corporate offices? Yes _____ No _____

c. Other (Please explain)? _____

5. Do you have written Safety/Loss Control Program: Yes _____ No _____

6. Do you have written accident procedures? Yes _____ No _____

7. Does it include:

a. Employee Accident Report? Yes _____ No _____

b. Foreman accident investigation report: Yes _____ No _____

c. Other(Please Explain) _____

8. Do you hold safety meetings for field supervisors? Yes _____ No _____

How often? Weekly _ Monthly _____ Quarterly ____

9. Do you hold "Toolbox" safety meetings with the crews? Yes _____ No _____

How often? Daily _____ Weekly _____ Monthly _____ Quarterly _____

10. Do you perform site safety audits? Yes _____ No _____
(Please attach copy of audit report)

How often? Weekly _ Monthly _____ Quarterly ____

Who performs site audits? _____

Include Title: _____

11. Do you hold "New Hire" orientations: Yes _____ No _____

List topics covered in orientations: _____

12. Do you intend to implement a Safety Incentive Program on this project:

Yes _____ No _____

If yes, explain program: _____

13. Does your firm currently have a designated Safety Manager? Yes _____ No _____

If yes, please provide the following information:

Name: _____

Address: _____

Telephone number: _____

14. Please supply a name and 24 hour emergency telephone number to contact in the event an emergency develops after normal working hours and/or on weekends.

Name: _____

Telephone number: _____

15. Have you been inspected by OSHA / WISHA in the past three years?

Yes _____ No _____

What type(s) of violations were cited (if any)? Were penalties assessed?

16. Safety Training and Education

Does your firm provide training in the following:

Description	YES	N/A	Description	YES	N/A
Head Protection			Fall protection		
Rigging cranes			Scaffolding		
Housekeeping			Drug testing		
Eye protection			Accident reporting		
Assured grounding			Incentives		
Signs/barricades			Return to work		
Hearing protection			Guarding		
Trenching/shoring			Confined space		
Electrical			Security		
Respirators			Cutting/welding		
Emergency procedures			Pre-work stretching		
Foot protection			Lock out		
Compliance			First aid		
Safety committee			Hazardous chemicals		
Environmental protection			Asbestos		
Jewelry			Hand protection		

Contractor Signature: _____ Title: _____

Print Name: _____ Date: _____