SUBCONTRACTOR INFORMATION QUESTIONNAIRE

Please include all requested attachments.

Company Name:		
Mailing Address:		
Street Address (if different than above)		
City:	State:	Zip:
Main Contact Person:		
Office Phone:	Extension:	Cell Phone:
e-mail address:		
Safety Director Name:		
Office Phone:	Extension:	Cell Phone:
e-mail address:		
Emergency Contact:		
Office Phone:	Extension:	Cell Phone:
NAICS Code:		
Type of service you provide (i.e., Site work, Mechanical, Electrical, Masonry, HVAC, etc)		
Insurance Provider (Attach certificate of insurance):		
For EEOC records, please check one or more of the following business ownership types:		
Woman Owned ☐ Minority Owned ☐ Veteran Owned ☐ None of the listed ☐		
If Veteran owned, what era of service? WWII ☐ Korea ☐ Vietnam ☐ Desert Storm or later ☐		

	Yes	No	N/A
Do you have a written safety policy?	☐	☐	☐
Can you provide written documentation of employee training for the following? (We may contact you at a later date for copies of written documentation if our clients require it.)			
Aerial lifts	☐	☐	☐
Barricades	☐	☐	☐
Bloodborne Pathogens	☐	☐	☐
Compressed Gas Cylinders	☐	☐	☐
Confined Space	☐	☐	☐
CPR	☐	☐	☐
Electrical Safety	☐	☐	☐
Fall Protection	☐	☐	☐
Fire Protection	☐	☐	☐
First Aid	☐	☐	☐
Forklift Operation	☐	☐	☐
Ground Fault Circuit Interrupter (GFCI)	☐	☐	☐
Hand & Power Tools	☐	☐	☐
Hazard Communication (HAZCOM)	☐	☐	☐
Hearing Protection	☐	☐	☐
Incident-Injury Reporting	☐	☐	☐
Job-Site Housekeeping	☐	☐	☐
Ladder Safety	☐	☐	☐

	Yes	No	N/A
Lockout-Tagout	☐	☐	☐
New Employee Orientation Program	☐	☐	☐
OSHA-10	☐	☐	☐
Personal Protective Equipment (PPE)	☐	☐	☐
Process Safety Management	☐	☐	☐
Respiratory Protection	☐	☐	☐
Rigging	☐	☐	☐
Scaffolds	☐	☐	☐
Trenching-Shoring-Excavations	☐	☐	☐
Welding-Cutting-Hot Work	☐	☐	☐
Do you conduct Job Hazard Analysis (JHA) prior to beginning a task?	☐	☐	☐
Do you provide MSDS records for the job-site?	☐	☐	☐
Will you provide a job-specific project safety plan for each job site?	☐	☐	☐
Will you designate a Safety Representative to work with the SCI site supervisor?	☐	☐	☐
Will your site safety representative have OSHA-10 training?	☐	☐	☐
Do you hold job-site “Tool Box Talk” safety meetings?	☐	☐	☐
Frequency? Daily ☐ Weekly ☐ Monthly ☐			
Do you conduct job-site safety inspections?	☐	☐	☐
Frequency? Daily ☐ Weekly ☐ Monthly ☐			
Are the inspections documented?	☐	☐	☐
Do you have a substance abuse program?	☐	☐	☐
Is your substance abuse program accredited by a third party organization?	☐	☐	☐
If yes, list organization name:			
As part of your substance abuse program, do you require the following?			
Pre-employment testing	☐	☐	☐
Random and/or annual testing	☐	☐	☐
Post-accident testing	☐	☐	☐
Alcohol testing	☐	☐	☐
Does your program meet US DOT requirements?	☐	☐	☐
Please list your experience modification rate (EMR) for the past three consecutive years. Year Rate Year Rate Year Rate			
Do you maintain an OSHA 300 log?	☐	☐	☐
If yes, please provide the following information and attach copies of the OSHA 300A form. If no, then provide a letter from your insurance agency listing your loss/injury experience for the last 3 years.			

List year at right			
Total Recordable Injuries			
Total Recordable rate *			
Cases with Days Away, Restrictions or Transfers (DART)			
DART rate (Number of cases x 200,000 divided by total hours)			
Number of fatalities			
Employee hours worked			

I certify that the information provided on this document is true and complete.

Printed Name: ______________________ Signature: ________________________

Date: ________________________