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## 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.

<u>Year:</u>	<u>EMR:</u>
_____	_____
_____	_____
_____	_____

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 the last three years. (Do not include any non-work time, even though paid).

Yr: \_\_\_\_\_  
Yr: \_\_\_\_\_  
Yr: \_\_\_\_\_

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

SIC Code \_\_\_\_\_

Description \_\_\_\_\_

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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 301) and report summaries sent to the following? How often?

	No	Yes	Monthly	Quarterly	Annually
Field Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

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"/>

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14. Do you hold craft "toolbox" 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: \_\_\_\_\_

SAMPLE