

# SUBCONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

## For CHAMP Lower-tier Build Subcontractors

*Provide the requested information as completely as possible to facilitate our review and evaluation. If you need more space for any answer, please attach a separate page.*

Name of Subcontractor:	_____
Address of Subcontractor:	_____
Contact Name:	_____
Phone Number:	_____
FAX Number:	_____
Email Address:	_____
North American Industry Classification System (NAICS) Code:	_____
Date:	_____

1. Use your OSHA 300 logs to record the number of injuries and illnesses for the last six years.						
	<b><u>YEAR</u></b>					
a.	Number of Fatalities <sup>1</sup>	_____	_____	_____	_____	_____
b.	Days Away (DA) Incident Rate <sup>2</sup>	_____	_____	_____	_____	_____
c.	OSHA Recordable Incident Rate <sup>3</sup>	_____	_____	_____	_____	_____
d.	Number of Hours Worked	_____	_____	_____	_____	_____
e.	Total Number of Employees on Your Payroll	_____	_____	_____	_____	_____
f.	Attach a copy of your OSHA Form 300A for the last six years.					

<sup>1</sup> If the answer is more than "0", provide a written explanation of any fatalities and what corrective measures have been put into place to prevent future incidents.

<sup>2</sup> The following formula is used for calculating the Days Away Incident Rate:      =  $\frac{\text{Number of Days Away Cases (H)} \times 200,000}{\text{Number of Hours Worked}}$

<sup>3</sup> The following formula is used for calculating the OSHA Recordable Incident Rate:      =  $\frac{\text{Number of OSHA Recordable Cases (G+H+I+J)} \times 200,000}{\text{Number of Hours Worked}}$

2. List your company's workers' compensation (WC) experience modification rate (EMR) for the three most recent years:		
	<b>Interstate</b>	<b>Intrastate</b>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	Provide a letter from your WC insurance carrier certifying the above EMRs.	
e.	If your WC carrier has not issued your company an EMR because you have not accrued enough WC costs, provide a copy of your WC Loss Run (available from your WC carrier).	
f.	If your current EMR is greater than 1.0, provide a written explanation of the safety methods that are being implemented by your company to reduce this rate.	

3. Do you prequalify lower-tier subcontractors? Yes  No   
**If "Yes", attach method used to qualify lower-tier subcontractors.**

4. Has your company received an OSHA (or state OSHA) citation within the last five years? Yes  No   
**If "Yes", attach copies of the citation(s) and provide the following information below:**  
 a. The number and type of violations? \_\_\_\_\_  
 b. The penalties assessed by OSHA? \_\_\_\_\_  
 c. Were the citations contested/vacated? \_\_\_\_\_  
 d. What specific corrective actions were taken to prevent further penalties/injuries? \_\_\_\_\_

5. Does your company have a written occupational safety and health program?  
 Yes  No

6. Does your company conduct field safety inspections to determine compliance with applicable regulations and procedures?  
 a. Yes  No   
 b. Who conducts these inspections? (Please provide position/title) \_\_\_\_\_  
 c. How often are safety inspections conducted? \_\_\_\_\_

7. Does your company have the following on your staff or on retainer?

	No	Yes	How Many	Staff	Retainer	Provide certification number(s)
Occupational Physician	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Certified Industrial Hygienist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Certified Safety Professional	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Certified Health Physicist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

8. Does your company have an orientation program for new hires? Yes  No

9. Has your company implemented any of the following training programs?  
**If "Yes" to any, please provide the last date this training was provided.**

Yes	No	Date		Yes	No	Date	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hazardous Waste (40-hour)
<input type="checkbox"/>	<input type="checkbox"/>	_____	Blasting/Explosives	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hearing Conservation
<input type="checkbox"/>	<input type="checkbox"/>	_____	Bloodborne Pathogens	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heavy Equipment Operation
<input type="checkbox"/>	<input type="checkbox"/>	_____	Confined Space Entry	<input type="checkbox"/>	<input type="checkbox"/>	_____	Laboratory Safety
<input type="checkbox"/>	<input type="checkbox"/>	_____	Construction (OSHA Certified 10 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Ladder/Scaffolding
<input type="checkbox"/>	<input type="checkbox"/>	_____	Construction (OSHA Certified 30 Hours)	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lead
<input type="checkbox"/>	<input type="checkbox"/>	_____	Cranes Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lockout/Tagout
<input type="checkbox"/>	<input type="checkbox"/>	_____	Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	_____	Personal Protective Equipment
<input type="checkbox"/>	<input type="checkbox"/>	_____	Excavation Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	_____	Powder-actuated Tools
<input type="checkbox"/>	<input type="checkbox"/>	_____	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	Process Safety Management
<input type="checkbox"/>	<input type="checkbox"/>	_____	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	_____	Radiation Protection
<input type="checkbox"/>	<input type="checkbox"/>	_____	First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	_____	Respiratory Protection
<input type="checkbox"/>	<input type="checkbox"/>	_____	Forklift Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____	Welding/Cutting

Who conducts training for your company (name, title)? \_\_\_\_\_

10.	Does your company have a program in place to discipline workers who perform unsafe work practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11.	Does your company have written accident investigation procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12.	Does your company currently maintain a program in compliance with applicable state "Right to Know" laws and the OSHA Hazard Communication Standard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13.	Does your company currently maintain an accident prevention program in compliance with applicable state OSHA regulations? (Required for Alaska, California, Minnesota, Nevada and North Carolina)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
14.	Does your company implement a medical surveillance program for employees who work on hazardous waste sites or with hazardous chemicals (i.e., lead, asbestos, benzene, arsenic, formaldehyde, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
15.	Does your company hold "tailgate/toolbox" safety meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, how often? _____			
16.	Does your company have a written alcohol and substance abuse policy statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If "Yes", does it include the following?			
a.	10-panel substance testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b.	Pre-employment/pre-job assignment testing (within 30 days of pre-job assignment)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c.	Post-accident drug and alcohol testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d.	Random testing (10 percent per month)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e.	Reasonable suspicion drug and alcohol testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>COMPLETED BY:</b>				
17.	Name of Firm:	_____		
	Printed Name:	_____		
	Signature:	_____		
	Title:	_____		
	Date:	_____		