**Contractor Safety and Health Questionnaire**

Date: \_\_\_\_\_\_\_\_\_\_\_

Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safety Performance**

**Injury and Illness Statistics**

Provide copies of your OSHA 300A Annual Summary forms for the previous 3 years, even if there are no recorded injuries or illnesses.

**Workers’ Compensation Experience Modification Rate (EMR)**

Industry Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Industry Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current EMR: \_\_\_\_\_\_\_\_\_\_\_\_

**Citations**

Has your company been cited or charged with one or more violations by a safety and health regulatory agency in the past 3 years? YES / NO If yes, provide details on a separate sheet.

**Safety Program**

Do you have a written safety and health plan, program, or manual? YES / NO If yes, provide a copy of your most recent version with this questionnaire.

Do you have supplemental safety and health information, such as a safety pocket guide, guidance documents, or a safety Web page? YES / NO

If yes, provide copies of supplemental information and/or website URL with this questionnaire.

**Safety Activities**

Do you conduct safety inspections of your worksites? YES / NO

If yes, specify the frequency (daily, weekly, biweekly, other)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you conduct safety meetings for your employees? YES / NO

If yes, specify how often (daily, weekly, other)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold site meetings where safety and health issues are considered by managers and/or site supervisors? YES / NO

If yes, specify how often (daily, weekly, other)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a formal process for conducting hazard assessments? YES / NO If yes, is the process documented and available for review? YES / NO

Do you prepare and implement site-specific safety and health plans? YES / NO

**Contractor Safety and Health Questionnaire (cont’d)**

**Training Program**

Do you provide safety and health training to your employees? YES / NO

If yes, provide the name of your trainer or training service provider.

Do you have a written training program? YES / NO

If yes, provide a copy of the relevant sections of your program that relate to the services you will provide under the contract.

**Reporting**

Are incident and/or accident reports routinely documented? YES / NO

Who receives the reports?

What information is recorded in your incident/accident reports? (Check all that apply.)

( ) Fatality

( ) Injury

( ) Property damage

( ) Fire

( ) Security breach

( ) Near-miss incident

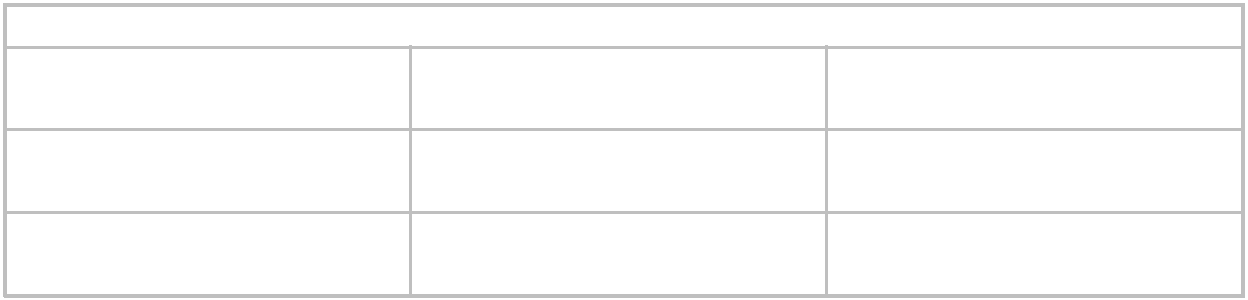
( ) Other (specify):

**Personnel**

Do you have a specific person or job function responsible for safety on your projects or worksites? YES / NO

If no, who has overall responsibility and accountability for safety on your projects?

List the safety and health professionals and/or designees in the organization.



**Name**  **Position/Title**  **Designation**

*The information contained in this questionnaire is an accurate description of the organization’s occupational safety and health program.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_