

Subcontractor: \_\_\_\_\_ Project: \_\_\_\_\_

1. List your company's current Workers Compensation Experience Modification Rate and for the past 2 years.  
 a. 201  :  201  :  201  :

*(If over 1,000, please provide the following information from your last years – OSHA 300 log)*

# of Recordable Cases:  #Workdays Lost:  #of Man-Hours

2. Do you conduct safety inspections regularly? Yes  No

3. Please list Safety Personnel and his/her/their experience: (you may use a separate sheet of paper if necessary)


4. Do you have a written Accident Prevention/Safety Program? Yes  No

5. Do you maintain a written Site-Specific Safety Plan covering your work?  
 (i.e. fall protection, excavation & trenching, confined space) Yes  No

6. Do you have a safety orientation program for new hires? Yes  No

7. Do you conduct, document and maintain records of weekly craft "toolbox" safety meetings? Yes  No

8. Do you use sub-tier subcontractors in the performance of your work? Yes  No

9. Do your sub-tier subcontractors have a written Accident Prevention/Safety Program? Yes  No

10. Do your sub-tier subcontractors maintain a written Site-Specific Safety Plan covering their work?  
 (i.e. fall protection, excavation & trenching, confined space) Yes  No

11. Do you maintain a copy of your sub-tier subcontractors' Site-Specific Safety Plan? Yes  No

12. Do you require your sub-tier subcontractors to attend weekly "toolbox" safety meetings? Yes  No

13. Do you review and monitor your sub-tier subcontractors' weekly "toolbox" safety meeting minutes? Yes  No

14. Please describe your disciplinary action procedures when you detect a deficiency in your sub-tier subcontractors' safety performance. Attach examples of written documents. (You may use another sheet of paper if necessary.)


Name:  Title:

Signature:  Phone:  Date: