



SUBCONTRACTOR'S SAFETY QUESTIONNAIRE

Name of Subcontractor _____

Project _____

1. List your firm's workers' compensation Interstate Experience Modification Rate for the three most recent years.

YEAR	RATE

2. Please list safety person responsible for this project: _____

3. Do you have a Written Safety Program? Yes _____ No _____

4. Do you have an orientation program for new hires? Yes _____ No _____

5. Do you have a program for newly hired or promoted foremen? Yes _____ No _____

6. Do you hold craft "toolbox" safety meeting? Yes _____ No _____

How often? Weekly _____ Biweekly _____ Monthly _____ Less often, as needed _____

7. Are Accident Analysis Reports provided to field staff as part of the safety meetings? Yes _____ No _____

8. Do you conduct safety Inspections?

Yes _____ No _____ If Yes. How often? _____

Who conducts this inspection (name & title)? _____

9. Do you conduct and on-site hazard analysis prior to beginning work on a project?

Yes _____ No _____ If Yes. How often? _____

Signature

Title