



SUBCONTRACTOR'S SAFETY QUESTIONNAIRE

Name of Subcontractor _____

Project _____ Date _____

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

YEAR	RATE

2. Do you conduct project safety inspections?

Yes ____ No ____ If yes, how often? _____

Who conducts this inspection (name & title)? _____

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

Yes ____ No ____ If yes, how often? _____

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

5. Do you have a written Safety Program? Yes ____ No ____

6. Do you have an orientation program for new hires? Yes ____ No ____

7. Do you have a program for newly hired or promoted foremen? Yes ____ No ____

8. Do you hold craft "toolbox" safety meeting? Yes ____ No ____

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

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

Signature

Title