



## 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