

SUBCONTRACTOR INITIAL COMPANY INFORMATION	
Please complete the following information. If you have questions or need assistance, call Safety Advantage at 800-960-1239 or 713-977-5690.	
1. Legal company name:	
2. Name of the person completing this form:	Phone:
3. Physical address:	
4. Primary contact person at the company:	
5. Mailing address:	
6. City, State, ZIP:	
7. Main phone number(s):	
8. Fax:	
9. Email #1	Email #2
10. Web site:	
11. What is the name of the parent company?	
12. Has your company, or the owners of your company, operated under a different name in the last three years?	YES NO
13. If YES, what was the name and location of the company?	
14. What is your company's NAICS Code?	
15. What is your additional company NAICS Code?	
16. What is your company's SIC Code?	
17. Average number of employees for the last two years:	
18. Will your company utilize subcontractors during work with WPM on this project?	YES NO
19. Has your company received any inspections from a regulatory agency during the last three (3) years?	YES NO
20. Has your company received any citations from a regulatory agency during the last three (3) years?	YES NO
21. Has your company experienced any fatalities during the last three (3) years?	YES NO
22. Is your company exempt from keeping an OSHA log, per 29 CFR: 1904.1 (10 or fewer employees) or per 29 CFR: 1904.2 (Establishments in certain industries)?	YES NO

23.	If NO, please ATTACH a copy of your current OSHA 300 log (year to date) and OSHA 300 logs for the previous two years.
24.	Current Experience Modification Rate (EMR) from your insurance carrier:
25.	State of EMR Origin:
26.	Date which EMR listed above commences:
27.	Date which EMR listed above expires:
28.	Vehicle Accident Rate: [(Total Vehicle Accidents * 1,000,000) / Total Miles Driven per Year]
29.	Name of designated individual(s) to contact in the event of a jobsite injury to one of your company's employees: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Cell Phone _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Cell Phone _____ </div>
30.	Name of designated individual(s) who will serve as your company's designated safety coordinator or contact on this project: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Cell Phone _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Cell Phone _____ </div>
31.	Will the company allow WPM Construction or its designated representatives to audit the information provided in this questionnaire? YES NO

SAFETY PROGRAM INFORMATION Please circle your response in left column

Y N	Do you have written OSHA and safety programs that pertain to the type(s) of work that your employees will perform on the project location? If YES, please INCLUDE a copy of these programs when submitting this form and prior to beginning work on the project.
Y N	Do you have written protocols and procedures for Supervisors/Superintendents on how to respond to OSHA, fire marshal or other regulatory compliance inspections or interventions?

Y N	Do you have a designated medical provider to support non-emergency jobsite injuries and post-accident/for-cause drug screening requirements?
Y N	Is the primary language of any portion of your workforce other than English? If YES, what language(s) and percentages? _____ % _____ % _____ % _____ %
Y N	Are both safety and work written instructions and postings provided to non-English-speaking employees in the same manner that they are provided to English-speaking employees?
Y N	Are provisions in place to ensure that your site supervision can communicate with non-English-speaking employees effectively?
New Hire & Ongoing Safety Training	
Y N	Do you provide a formal, structured safety orientation and training as required by OSHA for each New Hire before they begin work?
Do you have a program in place for initial and ongoing training of individual Supervisors/Superintendents in the following:	
Y N	Company safety rules and safe work procedures
Y N	Project-specific OSHA compliance requirements
Y N	Competent Person training as required (i.e. excavation safety; confined space entry; authorized persons for lockout and tagout; crane, hoist and rigging operations)
Y N	Is Supervisor / Superintendent training documented with written curriculums for specific subjects, training materials, participation sign-in sheets and post-training testing?
Y N	Is Competent Person training documented with written curriculums for specific subjects, training materials, hands-on observations, participation sign-in sheets and post-training testing?
Survey of subcontractor safety programs	
Please indicate if your safety programs include the following:	
Y N	Employee safety training for specific assignments (i.e. fall protection, powered equipment operations, confined space entry, excavation safety – trenching, shoring, electrical work for qualified personnel, lockout and tagout by authorized personnel)

Y N	Written hazard assessments performed for proper selection and use of personal protective equipment (PPE), including individual employee training as required
Y N	<p>Employee training for proper selection and use of PPE</p> <p>Types of PPE required for your company’s work to be performed on this project:</p> <p>_____ Hard hats _____ Gloves _____ Safety glasses with side shields _____ Splash goggles</p> <p>_____ Face shields _____ Hard-toed footwear _____ Puncture-prevention soles</p> <p>_____ Respiratory protection _____ Personal fall arrest system(s) OTHER:</p>
Y N	Jobsite housekeeping for safety
Y N	Emergency and injury response, including provisions for maintaining first aid materials in your work area(s)
Y N	Evacuation and shelter-in-place procedures
Y N	Fire prevention and response
Y N	Safe storage of flammables and combustibles
Y N	Chemical safety, including hazard communication, right-to-know, container labeling and Material Safety Data Sheet requirements
Y N	Basic electrical safety for non-qualified employees
Y N	Assured grounding program and procedures for inspection of power and extension cords
Y N	Requirements for inspection and use of ground fault circuit interrupters (GFCI)
Y N N/A	Lighting and illumination requirements for the jobsite
Y N N/A	Safety requirements for the use of temporary lighting
Y N N/A	Portable generator safety, including operator training, certification and site safety requirements
Y N N/A	Hot work operations, including welding, brazing, soldering and hot work permit system procedures
Y N N/A	Safe use and storage of compressed gas cylinders

Y N N/A	Mobile crane operations, operator certification, inspection and logging requirements
Y N N/A	Tower crane operations, operator certification, inspection and logging requirements
Y N N/A	Rigging safety, including operator requirements for the safe use of slings, chains and lift equipment
Y N	Stairs and ladders safety requirements
Y N N/A	Job-built ladders are made in accordance with ladder safety requirements
Y N	Do your employees help ensure that floor holes are covered and marked in your work areas in accordance with OSHA requirements, either by placing covers for work they perform, or reporting to the General Contractor that hole covers are missing or inadequate?
Y N	Do your employees help ensure that stairwells, walkways and evacuation routes are kept clear of obstructions by both not causing such obstructions, or placing tools or materials in these areas, and reporting to the General Contractor if such obstructions are observed?
Y N N/A	Safety procedures for construction elevators
Y N N/A	Forklift safety, including operator training, certification and site safety requirements
Y N N/A	Dozer safety, including operator training, certification and site safety requirements
Y N N/A	Front loader safety, including operator training, certification and site safety requirements
Y N	Sanitation and sufficient toilet facilities for the number of employees on the job site
Y N	Specific prohibition of subcontractor employees relieving themselves on the project site in other ways beside designated restroom and toilet facilities
Y N	Availability of drinking water and individual cups
Y N N/A	Fall protection, including perimeter protection and PPE methods
	Who is the Competent Person on the project?
Y N	As you responsible for installation of perimeter fall protection?
Y N	Are employees and supervisors specifically instructed to protect and maintain perimeter fall protection, and to report immediately any damaged or missing perimeter fall protection?

Y N N/A	Scaffold safety, including Competent Person and scaffold worker requirements and responsibilities		
	Who is the Competent Person on the project?		
	Y N	Are you involved in erection of scaffolding?	
	Y N	Are daily scaffold inspections performed and tagged by a Competent Person?	
Y N N/A	Excavation safety – trenching and shoring		
	Who is the Competent Person on the project?		
	Y N	Will your personnel be working in any excavation or trench deeper than four feet?	
	Y N	Are daily inspections of the excavation performed and documented by a Competent Person?	
	Y N	Are provisions in place to monitor for explosive and dangerous gases as required?	
	Y N	Will one or more trench safety box(es) be used for cave-in prevention?	
	Y N	Will shoring components be used for cave-in prevention?	
	Y N	Will sloping or benching be used for cave-in prevention?	
	Y N	Will ladders or ramps be used for entry and egress of the excavation in accordance with OSHA requirements?	
Y N N/A	Confined space entry, including entrant, attendant and supervisor responsibilities		
	Who is the CSE Supervisor on the project?		
	Y N	Are entrants lowered into the confined space utilizing a full-body harnesses and a tripod?	
	Y N	Are provisions in place to monitor for explosive and dangerous gases as required?	
	Y N	Are provisions in place for timely response for confined space rescue?	Explain:

Y N	Will work being performed by your employees expose them or others to sound levels greater than 85 db over an eight-hour time-weighted average?	
	Y N	Do you have a written hearing conservation program in place for these employees?
	Y N	Is hearing protection provided to these affected employees?
Y N	Are procedures in place and materials handling equipment available to support employees in preventing back and joint injuries?	
Monitoring & enforcement of subcontractor safety programs, policies & procedures		
Y N	Do your designated safety representatives perform walk-around safety inspections of the company's work areas?	
	How often are these inspections performed? ____ daily ____ weekly OTHER: _____	
Y N	These inspections are documented in writing and maintained in a file?	
Y N	If a situation is discovered that presents Immediate Danger to Life and Health (IDLH) are there policy and procedures in place to suspend work as necessary to protect personnel?	
Y N	Are your site supervisors notified immediately of safety deficiencies observed in their work area(s)?	
Y N	Are results of safety inspections documented in writing?	
Y N	Are safety deficiencies individually tracked to ensure resolution?	
Ongoing safety communications		
Y N	Are regular safety meetings held at the jobsite to discuss safety issues?	
	If YES, how often are these meetings performed? ____ daily ____ weekly OTHER: _____	
Y N	Is individual employee attendance at these meetings documented by sign-up sheets or in some other manner?	
Additional Comments (Use back of sheet or additional pages if necessary)		