



Contractor Safety and Health Questionnaire

Date: _____

Contractor Name: _____

SAFETY PERFORMANCE

Injury and Illness Statistics

Provide copies of your OSHA 300A Annual Summary Forms for the previous 3 years, even if there are no recorded injuries or illnesses.

Worker's Compensation Experience Modification Rate (EMR)

Industry Code: _____

Industry Classification: _____

Current EMR: _____

Citations

Has your company been cited or charged with one or more violations by a safety and health regulatory agency in the past 3 years? YES NO

If yes, provide details on a separate sheet.

SAFETY PROGRAM

Do you have a written safety and health plan, program or manual? YES NO

If yes, provide a copy of your most recent version with this questionnaire.

Do you have supplemental safety and health information, such as a safety pocket guide, guidance documents, or a safety Web page? YES NO

If yes, provide copies of supplemental information and/or website URL with this questionnaire.

SAFETY ACTIVITIES

Do you conduct safety inspections of your worksites? YES NO

If yes, specify the frequency (daily, weekly, biweekly, other)? _____

Do you conduct safety meetings for your employees? YES NO

If yes, specify how often (daily, weekly, other)? _____

Do you hold site meetings where safety and health issues are considered by managers and/or site supervisors? YES NO

If yes, specify how often (daily, weekly, other)? _____

Do you have a formal process for conducting hazard assessments? YES NO

If yes, is the process documented and available for review? YES NO

Do you prepare and implement site-specific safety and health plans? YES/NO

TRAINING PROGRAM

Do you provide safety and health training to your employees? YES NO

If yes, provide the name of your trainer or training service provider. _____

Do you have a written training program? YES NO

If yes, provide a copy of the relevant sections of your program that relate to the services you will provide under the contract.

REPORTING

Are incident and/or accident reports routinely documented? YES NO

Who receives the reports? _____

What information is recorded in your incident/accident reports? (Check all that apply).

Fatality

Injury

Property Damage

Fire

Security Breach

Near-Miss Incident

Other (specify):

Inform employees of the location of the nearest fire extinguisher, pull station alarm, and first-aid supplies.

In the event of a fire or other emergency sound the alarm, follow the host facility evacuation procedures, and notify the Administrator or designee.

WORK PERMITS

Before beginning work in a hazardous area, complete and submit to the Administrator or designee the following work permits (obtain permit forms from the Administrator or designee):

Confine Space Entry Permit

Hot Work Permit

REPORTING AND RECORDKEEPING

All occupational injuries to and illnesses of contractor employees beyond first aid who are directly supervised by the contractor will be recorded on the contractor's illness and injury recordkeeping forms.

Provide the Administrator or designee, on request, with documentation of all required training, medical exams, permits, MSDSs and other safety-related documents related to contractor employees and operations.

CERTIFICATION

This form must be returned to the TOSHA Administrator and kept on file.

I, _____, agree to comply with all applicable federal, state, and Tribal laws and regulations, the requirements of this Agreement, and all procedures outlined in the Contractor Safety and Health Plan while performing services for the host facility. I understand that violation of these requirements may result in penalties or termination of the contract work. I am responsible for ensuring that all my employees and subcontractors under my supervision comply with occupational safety and health rules.

Contractor Representative

Signature: _____

Print Name: _____

Position/Title: _____

Date: _____