

Subcontractor Safety Survey



1. Company Name	Address	Phone No.
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2. Please attach your company's illness and injury, OSHA 300 Logs for the Years listed below.

Your NAICS/SIC Code# _____	<u>3 Most Recent Years</u>	_____	_____	_____
	Lost Time Incidents =	_____	_____	_____
	Light Duty or Restricted Cases =	_____	_____	_____
	Recordable Cases =	_____	_____	_____
	Fatalities =	_____	_____	_____
	Your Total Recordable Injury Rates =	_____	_____	_____
	Total Recordable Injury Rate Average for your NAICS/SIC Code =	_____	_____	_____
	Your Lost Time Injury Rate =	_____	_____	_____
	Lost Time Injury Rate for your NAICS/SIC Code =	_____	_____	_____
	Employee Total Hours Worked =	_____	_____	_____
	(Exclude non-work time, even though paid i.e., vacation, holidays, etc.)			
	OSHA citations/fines within the past 3 years =	_____	(Provide summary of any Citations or Fines)	

3. Safety Programs & Training

Check the following Safety & Health Programs and Employee Orientation Safety Training or Refresher Training your company provides.

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|-------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Hazardous Communications | <input type="checkbox"/> PPE - Head, Hearing, Eye, Feet |
| <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Working at Heights |
| <input type="checkbox"/> Respiratory Protection | <input type="checkbox"/> Confined Space Entry |
| <input type="checkbox"/> Lifting, Rigging, and Cranes | <input type="checkbox"/> Signs, Barricades, and Flagging |
| <input type="checkbox"/> Trenching and Excavation | <input type="checkbox"/> Hot Work & Fire Prevention |
| <input type="checkbox"/> Scaffolding and Ladders | <input type="checkbox"/> Pressurized Systems |
| <input type="checkbox"/> Powered Tools/ Equipment | <input type="checkbox"/> Review Sub-tier Safety Performance |
| <input type="checkbox"/> Emergency Procedures | <input type="checkbox"/> Hazardous Awareness |
| <input type="checkbox"/> Mishap Investigation & Accident Prevention | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Safety Rules, Safety Policies & Disciplinary Actions | |
| <input type="checkbox"/> PSM Training as Required | |
| <input type="checkbox"/> Current Safety & Environmental Plan on file with USA | |

4. Safety Meeting/Work Area Inspections

Frequency of Worksite Safety Inspections	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly
Frequency of Worksite Safety Meetings	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly

5. List names of Sub-Tier Contractors your company plans to utilize. (Submit completed forms of each Sub-Tier annually.)

I VERIFY THIS INFORMATION IS ACCURATE AND THE COMPANY'S INJURY RATES ARE _____ THE INDUSTRY AVERAGE, NAICS/SIC CODES AS DEFINED BY BUREAU OF LABOR & STATISTICS. (Below/Above/Equal To)

Print Name	Signature	Date
Reviewed by USA Safety		Date

Subcontractor Safety Survey

Instructions



1. Company name, mailing address, and phone number.

2. OSHA 300 Logs Information:

Attach a copy of the last 3 years OSHA 300 Logs. If previously submitted to USA, attach most recent log, (the employees names may be blocked out for confidentiality).

Companies with 10 or less employees N/A ≤ 10 .

Identify Industry Code (NAICS/SIC) as defined by the US Census Bureau.

(See web page <http://www.census.gov/epcd/www/naicstab.htm-download> for NAICS/SIC codes, (Companies with 10 or less employees N/A < 10)).

Enter the last 3 years injury/illness totals. Copy the information from OSHA 300 Log.

Provide injury rates and the industry average injury rates for your SIC code as listed in the Bureau of Labor Statistics, (see web page <http://www.bls.gov/iif/oshsum.htm> for injury rates).

To determine your injury rates use the standard OSHA Formula:

$$\frac{\text{Mishaps X 200,000}}{\text{Hours Worked}}$$

Indicate total hours worked for each of the past 3 years listed on the form. Disclose the sum of citations or fines from OSHA in the past 3 years. Provided you have had any, please provide an attachment explaining the details for the fine/citation.

3. Identify by checking the boxes and be prepared to verify proof of the Safety Programs & Training, and Safety Meetings/ Work Area Inspections.

4. Provide frequency information of Safety Meetings and Work Area Inspection.

5. List subcontractors you company shall utilize to ensure that you are hiring safety conscious companies.