

**Subcontractor Safety Questionnaire (Exhibit E)**

**Greenberry Construction LLC  
Subcontractor Safety Questionnaire**

Contractor: \_\_\_\_\_

To get a better understanding of your current and past safety experience, we ask that you please provide the information requested below. It is imperative to provide accurate information, as it may be verified. Falsification of information will be grounds for disqualification of proposals.

1. List your firm's Experience Modifier Rate (EMR) for the three most recent years:

INTERSTATE EMR		
2008	2007	2006

Please attach a copy of your most recent Experience Modification Rating sheet. Include Risk Identification Number: \_\_\_\_\_

2. Please use your last three years OSHA 300 log to fill in the following: (Attach copy of last three years OSHA 300 log)

2008	2007	2006
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- a. Number of lost workday cases:

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- b. Number of recordable injuries:

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- c. Number of fatalities

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3. Employee hours worked for last three years.

2008	2007	2006

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Subcontractor Safety Questionnaire - continued

4. Provide your last three years Worker's compensation Insurance LOSS RATIO data.  
(Available from insurance carrier):

2008	2007	2006

5. Are OSHA 300 logs kept:

a. On individual work sites? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Corporate offices? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Other (Please explain)? \_\_\_\_\_

6. Do you have written Safety/Loss Control Program: Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have written accident procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does it include:

a. Employee Accident Report? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Foreman accident investigation report: Yes \_\_\_\_\_ No \_\_\_\_\_

d. Other(Please Explain) \_\_\_\_\_

9. Do you hold safety meetings for field supervisors? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

10. Do you hold "Toolbox" safety meetings with the crews? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

11. Do you perform site safety audits? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Please attach copy of audit report)

How often? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_

Who performs site audits? \_\_\_\_\_

Include Title: \_\_\_\_\_

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Subcontractor Safety Questionnaire - continued

12. Do you hold "New Hire" orientations? Yes \_\_\_\_\_ No \_\_\_\_\_

List topics covered in orientation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you intend to implement a Safety Incentive Program on this project?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does your firm currently have a designated Safety Manager? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide the following information:

*Name:* \_\_\_\_\_  
*Address:* \_\_\_\_\_  
*Telephone number:* \_\_\_\_\_

15. Please supply a name and 24 hour emergency telephone number to contact in the event an emergency develops after normal working hours and/or on weekends.

*Name:* \_\_\_\_\_  
*Telephone number:* \_\_\_\_\_

16. Have you been inspected by OSHA / WISHA in the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_  
What type(s) of violations were cited (if any)? Were penalties assessed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Subcontractor Safety Questionnaire - continued

17. Safety Training and Education

Does your firm provide training in the following:

Description	YES	N/A	Description	YES	N/A
Head Protection			Fall protection		
Rigging cranes			Scaffolding		
Housekeeping			Drug testing		
Eye protection			Accident reporting		
Assured grounding			Incentives		
Signs/barricades			Return to work		
Hearing protection			Guarding		
Trenching/shoring			Confined space		
Electrical			Security		
Respirators			Cutting/welding		
Emergency procedures			Pre-work stretching		
Foot protection			Lock out		
Compliance			First aid		
Safety committee			Hazardous chemicals		
Environmental protection			Asbestos		
Jewelry			Hand protection		

Contractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_