

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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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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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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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: _____