

CONTRACTOR SAFETY DATA SHEET

Wilding Engineering is committed to providing a safe workplace for employees, contractors and the general public. To qualify to perform on-site work, Wilding Engineering contractors must provide the following information and agree to obtain the following information from all subcontractors utilized and provide it upon request.

Contractor/Company Name: _____ Date: _____

Contracted Activity: _____

Contractor Representative: _____ Phone#: _____

Contractor Address: _____

Signature: _____

1. In the table below, provide the three most recent full years of history for the area or region to which this questionnaire applies. In addition, attach copies of applicable OSHA 300 logs and verification of your EMR/discount rate information.

ITEM	DESCRIPTION	20__	20__	20__
A	Interstate Experience Modification Rate (EMR)			
B	Total recordable Incident Rate			
C	Lost Time Incident Rate			
	Using the OSHA #300 logs from the facility providing labor, please document the following:			
D	Number of Injuries and Illnesses	_____	_____	_____
E	Number of Lost Workday Cases	_____	_____	_____
F	Number of Injury Related Fatalities	_____	_____	_____
G	Total Number of Employees			
H	Employee hours Worked Per Year (if unknown use # of employees x 2080)			

*(B) Rate = D x 200,000 / H

*(C) Rate = E x 200,000 / H

GENERAL

1. Does your company have a written safety and health program? Yes___ No___
 Written Hazard Communication Program? Yes___ No___

2. Does your company use subcontractors? Yes___ No___
 If yes, do you qualify subcontractors based on their ability to address safety, health and environmental requirements? Yes___ No___
 Do you have a formal contractor safety program? Yes___ No___

3. Who in your company coordinates your safety and health program? Name: _____ Phone#: _____
 Title: _____

4. Has your company received any citations from a regulatory agency during the last three years? Yes___ No___
 If yes, please describe citations: _____
 (Okay to use additional paper, if needed.)

5. Do all new employees complete a safety orientation before performing any work activities? Yes___ No___

6. Are accident/incident reports received by managers/supervisors? Yes___ No___

AUDITING

1. Does your company perform safety audits/reviews? Yes___ No___
If yes, are safety audits documented? Yes___ No___
2. Who performs the safety audit/review and how often? Title: _____

PERSONAL PROTECTIVE EQUIPMENT

1. Does your company require the following:
Hard Hats (ANSI-Z89)(29 CFR 1910.135) NA___ Yes___ No___
Safety Shoes (ANSI-Z41)(29 CFR 1910.136) NA___ Yes___ No___
Eye Protection (ANSI-Z87)(29 CFR 1910.133) NA___ Yes___ No___
Hand Protection (29 CFR 1910.132) NA___ Yes___ No___
Hearing Protection (29 CFR 1910.95) NA___ Yes___ No___
Fall Protection (29 CFR 1926.500) NA___ Yes___ No___
Respiratory Protection (29 CFR 1910.134) NA___ Yes___ No___
Fire Protective Clothing (NFPA 70E) NA___ Yes___ No___
2. In addition to regulatory required Personal Protective Equipment, what other PPE is required or supplied?
If any, please describe or list: _____

SAFETY MEETINGS

1. Does your company have scheduled, documented employee safety meetings? Yes___ No___
If yes, how often? _____
2. Who conducts the safety meetings? Job Title: _____
3. Does your company hold work-site (tailgate) safety meetings? Yes___ No___
If yes, how often? _____
4. Who conducts these safety meetings? Title: _____

DRUG SCREENING OR TESTING

1. Does your company have a written policy regarding drug screening or testing of employees? Yes___ No___
2. Indicate the circumstances in which your company's employees may be subject to drug screening.
 Employment Probable Cause Periodic
 Random Post Accident Other _____

ACCIDENT/INCIDENT INVESTIGATIONS

1. Does your company have policy requiring written accidents/incident reports? Yes___ No___
2. Does your company conduct accident/incident investigating? Yes___ No___
3. Do you conduct jobsite safety inspections? Yes___ No___
4. Do you have a light duty/restricted work policy? Yes___ No___
5. Do you conduct documented post accident investigations? Yes___ No___