

# Attachment B: Questionnaire

## Questionnaire

Subcontractor must respond to and answer all of the questions below.

### SUBCONTRACTOR QUALIFICATION SECTION

GENERAL INFORMATION			
How many years has your organization been in business under your present firm name?			
Under what other or former names has your firm operated?:			
Is your firm owned or controlled by any other organization? If yes, provide organization:			
Bonding Capacity and Rate:			
CO Contractor ID #:			
Contact for Insurance Information:			
Title:	Telephone:	Fax:	
Insurance Carrier(s):			
Name	Type of Coverage	Limits	Telephone
Are you self insured for Worker's Compensation Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact for Requesting Proposals:			
Title:	Telephone:	Fax:	
Form Completed By:			
Title:	Telephone:	Fax:	

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**SAFETY & HEALTH PERFORMANCE**

List your Worker's Compensation Interstate Experience Modification Rate for the last three years:

Current, Rate: \_\_\_\_\_

20\_\_\_\_\_, Rate: \_\_\_\_\_

20\_\_\_\_\_, Rate: \_\_\_\_\_

Who is responsible for safety at your company? \_\_\_\_\_

What is their Title? \_\_\_\_\_

Does your company have a written safety program? \_\_\_\_\_

Does your company have a written drug and alcohol policy? \_\_\_\_\_

Report the number of man-hours, injuries and illnesses for the last three years. (Use your OSHA 300 Log as a source of information, but please do not attach a copy).

	Current Year	20____	20____
Employee (man-hours) worked			
Number of recordable accidents			
Number of lost workday cases			
Number of lost workdays			
Number of restricted workday cases			
Number of restricted workdays			
Number of cases with medical attention only			
Number of fatalities			

Do you have a drug testing program? Yes \_\_\_ No \_\_\_

If not, do you plan to have one? Yes \_\_\_ No \_\_\_

How often do you have Site Safety Meetings?

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Do they include all of the employees? \_\_\_\_\_

All subcontractors? \_\_\_\_\_



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How often do you conduct project/site safety inspections/audits?

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Who conducts the inspections/audits?

Name \_\_\_\_\_ Title \_\_\_\_\_

Do you have a written safety program? Yes \_\_\_\_\_ No \_\_\_\_\_

When was the last time it was updated to meet current standards? \_\_\_\_\_

Do you have a documented orientation program for:

New Hires? Yes \_\_\_\_\_ No \_\_\_\_\_

Foremen? Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisors? Yes \_\_\_\_\_ No \_\_\_\_\_

Subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received any regulatory (EPA, OSHA, etc.) citations in the last three years? \_\_\_\_\_

If yes, please attach copies of report(s).

Explain other special features and historical data relating to your safety program.