



Subcontractor Company Safety and Health Information

Company Name: _____

Safety History Information

OSHA Information: (Last three years from OSHA 300 form, please attach copies)

YEAR	20__	20__	20__
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# Fatalities			
# Lost Workday Incidents			
# Restricted Workday Incidents			
# Other Recordable Incidents			
# Employee Hours Worked			
Total Case Incident Rate (TCIR) # Incidents X 200,000 #Employee hours worked			

Company is Exempt from OSHA recordkeeping (less than 10 employees/ SIC partial exempt) Yes No

OSHA Citations: (Please describe any OSHA citations obtained within the last five years, include location, type of citation, hazard, penalty and corrective action taken):

Person responsible for On-Site Safety:

_____ Phone: _____

DOT Citations/Violations :(Please describe any DOT citations/violations obtained within the last three years)

DOT Safety Rating (last full year): Satisfactory Unsatisfactory (as listed on www.fmcsa.dot.gov website)

Workers Compensation Insurance Information

Workers Compensation Insurance Company:

Workers Compensation Risk Management Company
(if any): _____

Experience Modification Rate (EMR): Current Year/Rate: _____/_____
(Last Three Years)

Year: _____ Rate: ____ Year: _____ Rate: ____ Year: _____ Rate: ____

Safety Training Information:

Do all on site employees have a minimum 10 hr OSHA Construction Industry Certification:
Yes No

Do all on site supervisors have a minimum 30 hr OSHA Construction Industry Certification:
Yes No

Do you have a written Safety and Health Program: Yes No (Please attach Table of Contents)

Do you agree to follow C&S's Safety and Health Guidelines/program as well as the client(s) health and safety program(s)? Yes No:

Do you provide site specific safety training: Yes No (Please describe)

Do you perform on site safety audits: Yes No

Who performs the audits: _____

Do you have a "Competent Person" for:

Trenching/Excavation: Yes No

Scaffold Erection: Yes No

Confined Space: Yes No

Do you have qualified Riggers: Yes No (In accordance with 29CFR1926.1400)

Do you have qualified Signalmen: Yes No (In accordance with 29 CFR1926.1428)

Name of person completing: _____ Signature: _____

Title of Person completing: _____ Date: _____