



MATRIX SERVICE COMPANY

Subcontractor safety performance questionnaire (Level 1)

1. Company name and address: _____

Years in business under current company name: _____

Principal business activity:

- Blasting / painting
- Cranes
- Excavation
- Heavy transport
- Labor service
- Scaffold
- Cement work
- Drilling
- Exchanger maintenance
- Hydro-blasting / cleaning
- Machining
- Welding / piping

Other: _____

2. List your firm's worker's compensation Experience Modification Rates (EMR) for the 3 most recent years as follows: (Include copies of rate sheets provided by your insurance carrier.)

Rates			
Years	Interstate	Business home state	Matrix project state

3. Please use your firm's OSHA No. 300 Logs for the most recent 3 years to complete the following information:

	Year	Year	Year
a. Total recordable cases. (OSHA 300 log boxes 2 and 6)	_____	_____	_____
b. Cases involving lost work days. (OSHA 300 log box 3)	_____	_____	_____
c. Number of lost work days. (OSHA 300 log box 4)	_____	_____	_____
d. Number of fatalities.	_____	_____	_____
e. Employee hours worked.	_____	_____	_____

For Matrix office use only			
	Year	Year	Year
OFR:	_____	_____	_____
LTFR:	_____	_____	_____
Severity Rate:	_____	_____	_____

- 4. Does your firm have a written safety program? Yes No
- 5. Does your company have a procedure to investigate accidents? Yes No
- 6. Does your company investigate near-miss accidents? Yes No
- 7. To whom in your firm are accident reports circulated?
 - Employees Employee safety representative
 - Foreman General foreman
 - Project manager President / vice president
 - Safety department Superintendent
 - Other: _____
- 8. California contractors only: Does your firm's safety program comply fully with SB198? Yes No
If no, explain: _____
- 9. How often does your firm conduct site safety meetings?
 Daily Weekly Monthly Other: _____
- 10. Does your company conduct field safety inspections? Yes No
Who _____
If yes: conducts? _____
How often? _____
- 11. Does your company have in place an accountability program that requires:
 - a Discipline for safety violations? Yes No
 - b Discipline documentation in employees' files? Yes No
 - c Supervisor safety performance reviews? Yes No
- 12. Does your firm conduct new/re-hire safety orientation training? Yes No
If yes, does it include instruction on the following:
 - a Company's code of safe work practices Yes No
 - b Client's safety rules & regulations Yes No
 - c Company safety meeting Yes No
 - d Hazard communication (MSDS) Yes No
 - e Fall protection Yes No
 - f Lockout/tagout procedures Yes No
 - g Confined space entry Yes No
 - h Respirator training Yes No
 - i Personal protection equipment Yes No
 - j Blood-borne pathogens Yes No
 - k Process safety management Yes No
 - l Work hazard reporting Yes No
 - m Housekeeping Yes No
 - n Fire protection / fire watch Yes No
 - o Driving safety Yes No
 - p Toxic substances Yes No
 - q First-aid Yes No
 - r Electric safety Yes No
 - s Crane safety Yes No
 - t Rigging safety Yes No
 - u Other Yes No
- 13. What means does your company use to verify the trainees have understood the training?
 Written tests Signature sheets Other: _____

(Explain)

14. Does your firm hold specialized safety training meetings for newly hired or promoted supervisors? Yes No

If yes, does it include instruction on the following:

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| a | Company safety manual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | Client safety rules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c | Accountability program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d | Disciplinary procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e | Safety meeting requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f | Incident reporting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g | Emergency procedures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h | Employee training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i | Accident prevention? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j | Accident investigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k | State/federal regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

15. Does your firm employ a full-time safety representative? Yes No

If no, who is responsible for your safety program?

_____ (List Name and Title)

If yes, to whom does s/he report?

16. Does your firm have a safety recognition program? Yes No

17. Has your company ever received a "citation" for violations of any state or federal safety regulations? Yes No

If so, please explain:

18. Does your firm have an equipment operator training or certification program? Yes No

19. Does your firm have a drug and alcohol awareness program? Yes No

If yes, does it include instruction on the following:

- | | | | |
|---|-------------------------|------------------------------|-----------------------------|
| a | Pre-employment testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | Random screening? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c | Reasonable cause? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d | Post incident/accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e | DOT compliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

20. If your company does not have a drug and alcohol awareness program that meets the above requirements, would your company be willing to comply with Matrix's drug and alcohol policy? Yes No

Note: If your company is going to comply with Matrix's drug and alcohol policy, please provide a letter with this return package of information indicating your compliance intentions; we will send a copy of our policy either by fax or mail.

Please provide the additional information requested below for use in completing the safety pre-qualification process:

- Your company’s OSHA 300 summary for each year listed above **(statistical sections only; no names)**
- Your company’s EMR rate sheets (provided by insurance carrier or state) for each year listed above
- Documentation of safety orientation and training (sign-in sheets, written tests, etc.)
- Verification of drug and alcohol screening for employees **(Do not provide employee names)**
- Copy of your company’s safety manual and/or accident prevention program
- Resume of safety representatives maintaining overall responsibility for safety

This performance questionnaire must be completed in its entirety and all requested support information provided before the safety pre-qualification process can be completed. If you have any questions or concerns, please call _____ at _____

Subcontractor safety agreement

I, _____ am the authorized representative of
(Please Print)

(Company)
(Please Print)

and acknowledge that I have received a copy of the Matrix Service Company subcontractor safety responsibilities. I have read the policy and completely understood the requirements related to the safety performance of my company while performing work on any Matrix project(s).

My signature below is an agreement by the company that I represent to comply fully with all of the provisions contained within this policy.

Signed: _____ Date: _____
Title: _____
Telephone: _____ Fax: _____