FLATIRON/DRAGADOS, LLC
Harbor Bridge Replacement Project

RFQ Number: 20-702-RFQ-303

SUBCONTRACTOR SAFETY QUESTIONNAIRE FORM

Company Name / Address / Phone & Fax:	**Project:**	US 181 Harbor Bridge
	Scope of Work:	

		Yes	**No**	**Remarks**
1	***Health and Safety Policy***			
a.	*Does your organization have a current IIPP/Safety Manual?*			Submitted copy must be approved by the Flatiron/Dragados, LLC Safety Manager
b.	*Is the IIPP/Safety Manual appropriate for scope of work?*			
c.	*Who within the organization has responsibility at senior management level for Safety? Name: Ph:*			
d.	*Average number of workers anticipated to be onsite?*			
e.	*Does your organization have a substance abuse policy?*			If No, Explain Why?
2	***Health and Safety Organization***			
a.	Name and qualifications of the designated Safety Person(s) or Competent Person(s) on site? Name: Qualifications:			Details Must Be Submitted
b.	*Have all employees received adequate training in health and safety?* ***Please provide details of training in relation to the work to be done***			Training Records Must Be Available
c.	*Does the organization intend to carry out on-site training? (i.e. toolbox talks)*			Submit Examples
d.	*Does the subcontractor utilize risk assessments/JHA?* ***Please attach recent examples.*** *Note a specific risk assessment/JHA must be submitted to site for approval at least seven days before commencing work*			Recent Sample Must Be Submitted
e.	*Lost time incident rates for last 3 years* _____ _____ _____			Flatiron/Dragados, LLC will Decide If Submitted Rates Are Acceptable
f.	*Recordable incident rates for last 3 years* _____ _____ _____			
g.	*EMR for the last 3 years:* _____ _____ _____			
h.	*Any OSHA citations in the last 3 years?*			Please Include Explanations.

Flatiron/Dragados, LLC - Internal Use Only	Date Approved / Denied:
Sub-Contractor meets expectations? ___ Yes ___ No	
Reviewed & Approved By:	Title:
Signature of Approver:	
Reason(s) For Denial:	

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Company Name / Address / Phone & Fax:	**Project:** US 181 Harbor Bridge **Scope of Work:**

		Yes	**No**
	Health and Safety		
a.	*Does your firm have a current IIPP/Safety Manual?*		
b.	*Will your firm have employees working at heights greater than 6'?*		
c.	*Will your firm be performing any hoisting activities on site?*		
d.	*Will your firm have employees utilizing respirators?*		
e.	*Will your firm be operating or using heavy equipment?*		
f.	*Will your firm be using power tools?*		
g.	*Is there any anticipated hot work activities?*		
h.	*Will your firm be performing any flagging or traffic control operations?*		
i.	*Will your firm have any excavation activities?*		
j.	*Is there any anticipated confined space activities?*		
k.	*Does your firm have a written Heat Illness policy?*		
l.	*Does your firm intend on using ladders?*		
m.	*Any Demolition work being performed by your firm?*		
n.	*Will your firm perform any mining and tunneling work?*		
o.	*Will your firm use or erect a scaffold system?*		
p.	*Average number of workers onsite?*		
q.	*Are there hazards from your work that may affect other near-by employees?*		
r.	*Will your firm have an appointed safety representative?*		
s.	*Will your firm provide required training for your employees?*		
t.	*Does your firm utilize risk assessments/JHA?*		
u.	*Lost time incident rates for last 3 years* _____ _____ _____		
v.	*Recordable incident rates for last 3 years* _____ _____ _____		