



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?			
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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<div style="display: flex; justify-content: flex-end; gap: 20px;"> Yes No </div>			
Health and Safety			
a.	<i>Does your firm have a current IIPP/Safety Manual?</i>		
b.	<i>Will your firm have employees working at heights greater than 6'?</i>		
c.	<i>Will your firm be performing any hoisting activities on site?</i>		
d.	<i>Will your firm have employees utilizing respirators?</i>		
e.	<i>Will your firm be operating or using heavy equipment?</i>		
f.	<i>Will your firm be using power tools?</i>		
g.	<i>Is there any anticipated hot work activities?</i>		
h.	<i>Will your firm be performing any flagging or traffic control operations?</i>		
i.	<i>Will your firm have any excavation activities?</i>		
j.	<i>Is there any anticipated confined space activities?</i>		
k.	<i>Does your firm have a written Heat Illness policy?</i>		
l.	<i>Does your firm intend on using ladders?</i>		
m.	<i>Any Demolition work being performed by your firm?</i>		
n.	<i>Will your firm perform any mining and tunneling work?</i>		
o.	<i>Will your firm use or erect a scaffold system?</i>		
p.	<i>Average number of workers onsite?</i>		
q.	<i>Are there hazards from your work that may affect other near-by employees?</i>		
r.	<i>Will your firm have an appointed safety representative?</i>		
s.	<i>Will your firm provide required training for your employees?</i>		
t.	<i>Does your firm utilize risk assessments/JHA?</i>		
u.	<i>Lost time incident rates for last 3 years _____</i>		
v.	<i>Recordable incident rates for last 3 years _____</i>		