



SUBCONTRACTOR SAFETY QUESTIONNAIRE FORM

Company Name: Address: Phone: _____ Fax: _____		Scope of Work:	
Health and Safety Policy			
1	Does your organization have a current IIPP/Safety Manual? <i>If YES, please submit a copy for approval by the Flatiron/Drageados, LLC Safety Manager</i>		Yes _____ No _____
2	Is the IIPP/Safety Manual appropriate for the scope of work?		Yes _____ No _____
3	Provide personnel with your organization that has authority at senior management level for safety: Name: _____ Phone: _____ Email: _____		
4	Average number of personnel anticipated to be onsite?		
5	Does your organization have a substance abuse policy? <i>If NO, please provide reasoning:</i>		Yes _____ No _____
Health and Safety Organization			
6	Designated Safety Person(s)/Competent Person(s) dedicated to Project Site: Name: _____ Phone: _____ Email: _____ Detailed Qualifications: _____		
7	Have all employees received adequate training in health and safety? <i>If YES, please provide details:</i> <i>Training records must be made available upon request</i>		Yes _____ No _____
8	Does the organization intend to carry out on-site training? (i.e. toolbox talks) <i>If YES, please provide details:</i>		Yes _____ No _____
9	Does the subcontractor utilize risk assessments/JHA? <i>If YES, please submit recent examples separately - Note a specific risk assessment/JHA must be submitted to site for approval at least seven days before commencing work</i>		Yes _____ No _____
10	Lost time incident rates for last 3 years: 20____ 20____ 20____ <i>Flatiron/Drageados, LLC will asses rates as necessary</i>		
11	Recordable incident rates for last 3 years: 20____ 20____ 20____ <i>Flatiron/Drageados, LLC will asses rates as necessary</i>		
12	EMR for the last 3 years: 20____ 20____ 20____ <i>Flatiron/Drageados, LLC will asses rates as necessary</i>		
13	Have there been any OSHA citations in the last 3 years? <i>If YES, please detail:</i>		Yes _____ No _____
Flatiron/Drageados, LLC - Internal Use Only			
Subcontractor qualified for Scope of Work? <i>If NO, please provide detail:</i>			Yes _____ No _____
Reviewed and Approved By: Name: _____		Title: _____	
Signature of Approver: _____		Date: _____	



SUBCONTRACTOR SAFETY QUESTIONNAIRE FORM

Company Name: <input style="width: 90%;" type="text"/>		Scope of Work:	
Address:			
Phone:		Fax:	
Health and Safety			
Please check YES or NO for the following questions:		YES	NO
1	Does your firm have a current IIPP/Safety Manual?		
2	Will your firm have employees working at heights greater than 6'?		
3	Will your firm be performing any hoisting activities on site?		
4	Will your firm have employees utilizing respirators?		
5	Will your firm be operating or using heavy equipment?		
6	Will your firm be using power tools?		
7	Is there any anticipated hot work activities?		
8	Will your firm be performing any flagging or traffic control operations?		
9	Will your firm have any excavation activities?		
10	Is there any anticipated confined space activities?		
11	Does your firm have a written Heat Illness policy?		
12	Does your firm intend on using ladders?		
13	Any Demolition work being performed by your firm?		
14	Will your firm perform any mining and tunneling work?		
15	Will your firm use or erect a scaffold system?		
16	Average number of workers onsite?		
17	Are there hazards from your work that may affect other near-by employees?		
18	Will your firm have an appointed safety representative?		
19	Will your firm provide required training for your employees?		
20	Does your firm utilize risk assessments/JHA?		
21	Lost time incident rates for last 3 years: 20__ 20__ 20__		
22	Recordable incident rates for last 3 years: 20__ 20__ 20__		