



# SUBCONTRACTOR SAFETY PERFORMANCE QUESTIONNAIRE

## SUBCONTRACTOR INFORMATION

Legal Business Name: \_\_\_\_\_  
 Contact Name/Title: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Mailing Address (if different than above): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Project: \_\_\_\_\_

## I. WORKER'S COMPENSATION INSURANCE – EXPERIENCE MODIFICATION RATE (EMR)

A. Provide your company's EMR for each of the last (3) years:

| Policy Year | EMR   |
|-------------|-------|
| _____       | _____ |
| _____       | _____ |
| _____       | _____ |

B. Furnish a letter from your insurance company verifying the EMR data listed above.

## II. OSHA RECORDABLE INCIDENTS

A. Provide the following data from your company's OSHA 300 Logs for each of the last three (3) years:

|   | Year _____ | Year _____ | Year _____ |
|---|------------|------------|------------|
| 1. Number of employee hours worked  | _____      | _____      | _____      |
| 2. Number of fatalities<br><i>(Total Columns 1 + 8)</i>   | _____      | _____      | _____      |
| 3. <b>Number of OSHA recordable injuries</b><br><i>(Total Columns 2+6+9+13)</i>                         | _____      | _____      | _____      |
| 4. <b>OSHA recordable incident rate</b><br><i>(Line 3 x <math>\frac{200,000}{\text{Line 1}}</math>)</i> | _____      | _____      | _____      |
| 5. <b>Number of lost workday cases</b><br><i>(Total Columns 3+10)</i>                                   | _____      | _____      | _____      |
| 6. <b>Lost workday incident rate</b><br><i>(Line 5 x <math>\frac{200,000}{\text{Line 1}}</math>)</i>    | _____      | _____      | _____      |
| 7. <b>Number of cases with days away from work or restricted duty</b><br><i>(Total Columns 2+9)</i>     | _____      | _____      | _____      |



**III. Safety and Health Program**

A. Have you had an OSHA citation in the past five years? YES  NO   
If yes, please attach details for each citation.

B. Do you have a written safety and health program? YES  NO   
If yes, please attach a copy.

If no, please explain how your company's safety requirements are communicated to your employees:

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C. Does your company have a Safety Officer or Safety Department? YES  NO   
If yes, please provide contact information:

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If no, who in your company is responsible for your safety and health program?

D. Will your company assign full time supervision to this project? YES  NO

E. Will your company assign a full time safety professional to this project? YES  NO

If not, who will be responsible for safety on the jobsite? \_\_\_\_\_

At what frequency will this person visit the jobsite? \_\_\_\_\_

In this person's absence, who will be responsible for safety at the jobsite?  
\_\_\_\_\_

F. Will each of your company's crews have competent persons assigned as required by OSHA for the particular work being performed? YES  NO

Please attach a list of competent persons that will be assigned to this project and copies of their training records.

G. Does your company have a Personnel Protective Equipment (PPE) Policy, for example mandatory hard hats, safety glasses, etc.? YES  NO

If yes, what does it include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not, what PPE will your company require on this project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Does your company have a substance abuse program designed to provide a drug free workplace? YES  NO

If yes, please attach a copy.

If no, would you agree to adhere to MYR Group Inc.'s Substance Abuse Policy? YES  NO

I. Comment on any other areas of your company's safety program and policies that you feel will be appropriate in our evaluation.

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**IV. SAFETY AND HEALTH TRAINING**

A. Do you require on-site supervision to have OSHA 30 hour training courses? YES  NO

Please attach a list of all supervision with OSHA 30 hour training that will be assigned to this project and copies of their training records.

B. What type of safety orientation do you provide for new hires?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Do your foremen receive formal safety training? YES  NO

If yes, please list training provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your foremen trained in: First Aid  CPR

D. Does your company train on environmental subjects? YES  NO

If yes, please specify topics:

\_\_\_\_\_  
\_\_\_\_\_

E. Safety Meetings:

Are jobsite foremen's safety meetings required? YES  NO

If yes, frequency? \_\_\_\_\_

Are regular toolbox safety meetings required? YES  NO

If yes, frequency? \_\_\_\_\_

Are regular safety/housekeeping audits conducted? YES  NO

If yes, frequency? \_\_\_\_\_

Are environmental audits conducted on your jobsites? YES  NO

If yes, frequency? \_\_\_\_\_

**V. SAFETY AUDITING AND INCIDENT INVESTIGATION**

A. At what frequency will your company audit/inspect your crews' conformance with your company's safety and health program and the requirements of the project?

\_\_\_\_\_

B. What levels of management in your company receives field safety reports?

\_\_\_\_\_  
\_\_\_\_\_



C. Does your company require your subcontractors to meet the same safety standard as you employ? YES  NO

D. Does your company have an incident investigation procedure? YES  NO

If yes, please attach a copy.  
If not, how will incidents be investigated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Does senior management participate in incident investigations? YES  NO

**SIGNATURE**

I certify the above information and any attachments are correct to the best of my knowledge.

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**REMIT TO**

Please return completed Supplier Pre-Qualification Application to:

Pre-qual@myrgroup.com

**NOTE: This questionnaire does not qualify or approve your company as a subcontractor nor does it obligate us to solicit price quotations or proposals from your company.**