



Subcontractor's Qualification Statement

(Must Be Fully Completed and Returned for Your Bid to be Considered)

SUBCONTRACTOR SAFETY QUALIFICATION QUESTIONNAIRE
(This page is to be completed in its entirety by ALL subcontractors.)

Name of Subcontractor: _____ Date: _____
 Street Address (City, State, Zip): _____
 Contact Name: _____ Phone: _____ Email: _____
 Scope of Work: _____

Does your company have a designated safety officer with OSHA 30 Hour Construction Safety Training?	Yes	No
Does your company have a written safety and health program to which your employees have been trained?	Yes	No
Does your company conduct regular (at a minimum weekly) documented safety inspections of each job site?	Yes	No
Does your company perform documented pre task hazard analysis and daily pre task safety planning?	Yes	No
Will you subcontract some of the work? If yes, please list tasks below. _____	Yes	No
Does your company evaluate and qualify lower tier subcontractors based on past safety performance metrics?	Yes	No

(Documentation for the elements above may be requested.)

Injury, Illness, and OSHA Data *Please provide the following information for the three most recent years.*

Measure	SES Use Only	Year		
		2018	2019	2020
Average Number of Employees				
Employee Work Hours				
Number of Fatalities				
Total OSHA Recordable Injuries/Illnesses Cases ¹ (including DART)				
Total Days Away or Restriction/Transfer Day Cases (DART)				
Total Number of Days Away, Restriction, or Transfer (DART)				
Experience Modification Rate ²				

¹ You may be asked to provide OSHA 300 Logs for the years listed.

² You may be asked to provide your EMR on an NCCI form (National Council of Compensation Insurance) or on letterhead from your insurer. If your WC carrier has not issued your company an EMR, provide a copy of your WC Loss Run Report.

Number of OSHA Citations in the past five years? (list and describe below)

 List and Describe OSHA Citations, if Applicable:

<p>_____ Name of Preparer</p> <p>Preparer's Phone Number: _____</p> <p>_____ Signature of Preparer</p> <p style="text-align: right;">Date</p>	<p>_____ SES group Safety Director (or Designee) Review Signature</p> <p>Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Conditional</p> <p>Further Action Required:</p>
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