

Safety Program – Subcontractor Pre-Qualification Survey

Subcontractor Name: _____
 Subcontractor Representative (print): _____
 Type of work performed: _____

The following information is required to be submitted to prior to performing work for the first time for Stewart Richey. It is subject to approval by the Stewart Richey Safety Director.

Total OSHA Recordable for Past 3 Years:

(Found on OSHA 300 or 300A Form)

Year: _____	# of Recordable: _____	Total Man Hours Worked for Year: _____
Year: _____	# of Recordable: _____	Total Man Hours Worked for Year: _____
Year: _____	# of Recordable: _____	Total Man Hours Worked for Year: _____

Worker Comp MOD Rate for Past 3 Years:

(Check with Insurance Company for MOD Rate)

MOD Rate: _____
 MOD Rate: _____
 MOD Rate: _____

Have you received any citations from OSHA, EPA, or other government agencies in the past 5 years?

Yes No

If yes, please attach a description of each citation, including the year of the citation.

Written Programs

(Please check the written programs that you maintain as they apply to your company.)

Safety manual/policies	Yes__	No__	N/A__
Hazard Communication Program/MSDS	Yes__	No__	N/A__
Documentation of first aid/CPR trained person	Yes__	No__	N/A__
Site specific fall protection plan	Yes__	No__	N/A__
Scaffolding erection/dismantle plan	Yes__	No__	N/A__
Hazard recognition/correction plan	Yes__	No__	N/A__
Electrical Safety/Lockout-Tagout plan	Yes__	No__	N/A__

These written programs are subject to review by Stewart-Richey Construction.

Training Documentation

(Please check training programs as they apply to your company.)

Aerial work platforms/JLG's	Yes__	No__	N/A__
Crane operator certification	Yes__	No__	N/A__
Competent person scaffolding	Yes__	No__	N/A__
Scaffold users	Yes__	No__	N/A__
Fall protection systems	Yes__	No__	N/A__
Controlled Access Zone/Safety monitor	Yes__	No__	N/A__

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Annual fire extinguisher use	Yes__	No__	N/A__
Powder actuated tools	Yes__	No__	N/A__
Hazard communications	Yes__	No__	N/A__
Competent person excavation	Yes__	No__	N/A__
Lockout/Tagout	Yes__	No__	N/A__
Electrical Safety	Yes__	No__	N/A__

These training programs are subject to review by Stewart-Richey Construction

Monthly, Weekly, Daily Checklist Requirements

Please indicate if you currently check the following on a monthly, weekly or daily basis?

Monthly Basis:

Emergency/First-Aid Supplies	Yes__	No__	N/A__	Note: _____
Electrical/GFCI/Temporary Power Inspections	Yes__	No__	N/A__	Note: _____
Fire Extinguisher Inspections	Yes__	No__	N/A__	Note: _____

Weekly Basis:

Safety Meetings	Yes__	No__	N/A__	Note: _____
Safety Inspections	Yes__	No__	N/A__	Note: _____

Daily Basis:

Forklift/Aerial Work Platform	Yes__	No__	N/A__	Note: _____
Scaffolding Inspections	Yes__	No__	N/A__	Note: _____
Excavation Inspections	Yes__	No__	N/A__	Note: _____
Ladder Inspections	Yes__	No__	N/A__	Note: _____

This information is accurate to the best of our knowledge. Stewart Richey has the right to request verification of any of this information or documentation, and may review any programs upon giving reasonable notice.

 Subcontractor Representative Title

 Date