

## SUBCONTRACTOR QUALIFICATION OSHA INFO

### SUBCONTRACTOR SAFETY MANAGEMENT PLAN

#### OSHA INFORMATION:

<p>*Please use your OSHA 300 Log to fill-in the number of injuries and illnesses for the last 3years</p>		<p>Total employee hours worked in the last 3 years</p>	
<p>Year _____</p>	<p>_____</p>	<p>Year</p>	<p>Hours (B)</p>
<p>Number of lost/restricted workday cases (Totals OSHA 300 Log, columns H and I).</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>Number of recordable cases without restricted activity or lost workdays (Totals OSHA 300 Log, column J).</p>	<p>+ _____</p>	<p>_____</p>	<p>_____</p>
<p>Number of fatalities (Totals OSHA 300 Log column G).</p>	<p>+ _____</p>	<p>_____</p>	<p>_____</p>
<p>Total OSHA Log (A)</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>Experience Modification Rate (EMR)</p>		<p>Recordable Injury Frequency Rate Multiply total for each year (A) x 200,000 and divide by total employee hours for that year (B)</p>	
<p>Policy Year</p>	<p>EMR</p>	<p style="text-align: center;"><math>\frac{A \times 200,000}{B}</math></p>	
<p>_____</p>	<p>_____</p>	<p>Year</p>	<p>Rate</p>
<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>_____</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>Are the following accident records and accident summaries kept? How often are they recorded?</p>			
		No	Yes
		Monthly	Annually
<p>Accidents totaled for the entire company</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>Accidents totaled by project</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p>The Applicant shall maintain records of such evaluations and make them available for review and approval of Contractor's and site owner's representatives at all reasonable times should Applicant be awarded a contract based on this application.  <b>By submitting this application, the Applicant agrees to use the above criteria and this form when selecting lower tier subcontractors.</b></p>			

**SUBCONTRACTOR SAFETY QUALIFICATION SCORECARD**  
**SUBCONTRACTOR SAFETY MANAGEMENT PLAN**

**Subcontractor Name:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please answer the following questions.**

1. **Y or N** Do you have a written safety program? If yes, provide a copy of the table of contents and a copy of your firm's policy statement.

2. **Y or N** Do you require and use site-specific safety plans?

3. **Y or N** Do you have clearly defined safety responsibilities for managers, supervisors and workers?

4. **Y or N** Do managers/executives visit the worksite? How often? Provide details.

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

5. **Y or N** Does your company have a written drug/substance abuse policy?

6. **Y or N** Do you have an orientation program for new hires?

7. **Y or N** Do you conduct daily site safety inspections?

8. **Y or N** Do you have a disciplinary policy and procedure?

9. **Y or N** Do you hold site safety meetings for field workers & supervisors?  
How often? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_ Daily

10. **Y or N** Do you have special work procedures in place for critical or potentially high hazard jobs?

11. **Y or N** Do you have Personal Protective Equipment standards in place?

12. **Y or N** Do you have Emergency Action Plans in place for your worksites?

13. **Y or N** Do you have Joint Health and Safety Committee meetings?

14. **Y or N** Do you have a pre-job planning process (JSA, JHA, on-job hazard assessment)?

15. **Y or N** Do you have an accident and incident reporting system in place?

16. **Y or N** Do you have a procedure in place to investigate and follow-up on accidents and incidents?

OUR GOAL IS ZERO INJURIES IN THE WORKPLACE



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17. **Y or N** Have you received any OSHA citations in the past 3 years? If yes, provide an attachment describing the outcome of the inspection along with copies of citations received. Provide a description of the actions taken for any open citations.

18. **Y or N** Do you have a designated Competent Person on the project site?

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