

**SUBCONTRACTOR SAFETY EVALUATION**



In order to do work for Charter Mechanical you must provide the following information on an annual basis. Failure to provide the information may result in removal from our active subcontractor list.

Subcontractor  Date

Address:

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**INJURY/ILLNESS HISTORY**

Provide the following injury and illness information for the past three calendar years:

Total number of Recordable Incidents		
Total number of hours worked		
Incidence Rate (as defined by OSHA)		
Lost Workday Rate (as defined by OSHA)		

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**WORKERS' COMPENSATION INFORMATION**

Workers' Compensation Experience Modification Rating (EMR)			
Number of OSHA Violation(s)per year			

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**SAFETY PROGRAM INFORMATION**

- 1) Do you have a written safety and health program that is available on request?  Yes  No
- 2) Do you have a written safety policy?  Yes  No
- 3) Do you have a written drug and alcohol policy?  Yes  No
- 4) Do you have a written employee discipline policy?  Yes  No



- 5) Do you conduct new employee safety orientations? (if yes, provide checklist used)  Yes  No
- 6) Do you hold pre-job safety orientations? (if yes, provide checklist used)  Yes  No
- 7) Do you hold regular "tool box" safety meetings?  Yes  No  
If so, how often?  Daily  Weekly  Monthly
- 8) Do you conduct field safety inspections?  Yes  No  
If so, how often?  Daily  Weekly  Monthly
- 9) Do you have written PPT (personal protective equipment) requirements?  Yes  No
- 10) Are your employees trained in the user of respirators?  Yes  No
- 11) Do you have a written respiratory protection program?  Yes  No
- 12) Do you have a written hazard communication program?  Yes  No
- 13) Do you provide MSDS (Material Safety Data Sheets) for your employees and clients?  Yes  No
- 14) Do you have a formal incident investigation system?  Yes  No
- 15) Do you complete and file written incident reports?  Yes  No
- 16) Do you train employees in first aid?  Yes  No
- 17) Do you have written emergency plans?  Yes  No
- 18) Do you provide specialized training to newly hired or promoted supervision?  Yes  No
- 19) Does your company have a safety violation disciplinary program in place?  Yes  No
- 20) Is safety a factor in performance reviews of supervisors?  Yes  No
- 21) Have you formally trained your employees in the following areas:
  - Fall Protection  Yes  No Scaffolds  Yes  No
  - Hazard Communication  Yes  No Confined Space  Yes  No
  - Material Handling  Yes  No Ladders  Yes  No
  - Lockout/Tagout  Yes  No PPE  Yes  No
  - Aerial Lifts and/or Forklifts  Yes  No Trenching and Excavation  Yes  No

If requested, is documentation available to support the above responses?  Yes  No