

Subcontractor Safety Evaluation

Contractor Name	
Address	
Standard Industry Code (SIC)	
Telephone Number	
Fax Number	
Today's Date	
Health & Safety Contact Name	
Specialty Trade	

(Company) is committed to working with safe contractors. Toward that end, (Company) has established a "PASS / FAIL" criteria to help find contractors with effective safety programs.

Before your organization will be allowed to work at a (Company) site, your safety performance will be compared to the criteria specified below. If your performance does not "pass", (Company) can utilize your company only on an exceptional basis. An explanation of our "PASS / FAIL" criteria is provided.

YOUR ORGANIZATION'S PAST PERFORMANCE AND HEALTH & SAFETY PROGRAM

Worker's Compensation Insurance – Experience Modification Rate (EMR)

Please obtain from your insurance agent (or state fund, if applicable) you interstate EMR for the last three (3) rating periods. If you do not have an interstate rating, obtain your intrastate EMR. Then complete the following data:

	Effective Dates	Modification Rates
Current policy year		
1 year previously		
2 years previously		

Are the above rates interstate or intrastate?

If intrastate, which state:

If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated?

YES___ NO___

Is your firm self-insured for Worker's Compensation Claims?

YES___ NO___

We require documentation for the above information. Any of the following methods are acceptable:

- Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
- Furnish copies of the last three year's Experience Rating Calculation Sheets which your insurance carrier should forward to you annually; or
- Furnish a copy of the page from each of your last three year's insurance policies showing the modification rate and the coverage period; or
- If you are in a "State Fund" state, such as Ohio or West Virginia, furnish a copy of the state's last three years annual statement pages showing the modification rate and the coverage period.

OSHA Recordable Incidents

Furnish a copy of your organization's OSHA 200/300 Log for the last three years. It is unlikely we can qualify your organization to bid (Company) work without your OSHA 200 Log.

Some firms are not required to complete the OSHA 200/300 Log because they have too few employees (less than ten at any time during the calendar year) or are exempted by virtue of the services they perform. If you do not complete an OSHA 200/300 Log, is it because your organization has too few employees?

YES___ NO___ N/A___

Or is it because your organization performs a service which is exempted from completing an OSHA 200/300 Log?

YES___ NO___ N/A___

If you do not complete an OSHA 200/300 Log and you answered "No" to the above questions, please explain:

Using the OSHA 200/300 Log from the latest completed year, complete the following:

- _____ Number of injury-related fatalities from column 1
- _____ Number of injuries with lost workdays from column 2
- _____ Number of injuries without lost workdays from column 6
- _____ Number of illness-related fatalities from column 8
- _____ Number of illnesses with lost workdays from column 9
- _____ Number of illnesses without lost workdays from column 13
- _____ Total number of injuries & illnesses on OSHA 200/300 Log

_____ Total number of cases listed in columns 6 and 13 that are *first aid cases*. Highlight each of these cases using a highlighter or by placing an asterisk (*) beside them on the most recent OSHA 200/300 Log. (See SECTION B, Pages 5 & 6, for a definition of a first aid case).

Total employee hours worked last year (field, supervisory and clerical) by your organization.

_____ HOURS

Safety Program

Do you hold safety meetings for:

	YES	NO	Frequency	Title of Person Conducting Meeting
Field Supervisors				
Employees				
New Hires				
Subcontractors				

Do you conduct job safety inspections (both written / non-written)?

YES___ NO___ Frequency_____

Do you have a formal (written) safety program?

YES___ NO___

If yes, please provide a copy of the Table of Contents from your program. NOTE: If you are approved, you will be required to provide a full copy of your safety program.

PASS / FAIL CRITERIA

If your organization does not pass our safety criteria, we will invite you to explain why, and the steps being taken to improve your safety performance. Safety consultants are available to analyze your safety program and make recommendations for improvement. (Company) safety pass / fail criteria are as follows:

Pass – The organization's current Worker's Compensation Insurance Experience Modification Rate (EMR) is less than or equal to 1.00, **and** the Total Recordable Incident Rate (TIR) is less than the industry average for the organization's specific SIC, for OSHA recordable injuries and illnesses per 200,000 effort hours.

Pass – The organization's current EMR is greater than 1.00, **if** the trend for the last three years is downward, and **no** single EMR in that period is above 1.20, and the TIR is less than the industry average for the organization's specific SIC, for OSHA recordable injuries and illnesses per 200,000 effort hours.

Fail – The organization cannot meet the pass criteria listed above.

NOTE: (Company) will analyze any OSHA 200 Log with a Recordable Incident Rate greater than eleven injuries and illnesses per 200,000 effort hours.

Print Name		Title	
Signature		Date	

Return one (1) copy of this completed form and the associated documentation required to:

Safety Director _____

Company Name _____

Company Address _____

City, State & Zip Code _____

Your Company Phone and Fax Numbers _____

Comment Section

Contractor Name: _____

Contractor EMR: _____

Contractor TIR: _____

Extenuating Circumstances: _____

Specific steps to be taken to improve safety program: _____

Approved: _____

Disapproved: _____

If disapproved, date subcontractor can resubmit package for consideration:

Safety Director Signature _____