

SUBCONTRACTOR SAFETY QUESTIONNAIRE

- Safety information must be completed and submitted by any subcontractor interested in performing work with VCI Construction, LLC. Subcontractor safety programs are subject to review by management prior to final approval of contract agreements.

Date: _____ DIR# _____

Legal Name: _____

Company Name (DBA): _____

Year Company Established _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____ Fax Number: _____

Email: _____ Contractor's License # _____

STATE DMV# AND/OR DOT# _____ State Issued _____

Number of employees _____ Number of 1099 _____

List All Officer and Titles _____

Check the types of work that your company performs

_____ HDD (Directional Boring) _____ Annual Excavation Permit# _____ EXP _____

- | | |
|-------------------------------------|---|
| _____ Asphalt Restoration | _____ Installation Inside Plant |
| _____ Aerial Plant Pole Line Const. | _____ Cable Placing |
| _____ Cable Splicing | _____ Confined Space |
| _____ Fiber Optic Splicing | _____ General Construction |
| _____ Asphalt Trenching/Rock Saw | _____ Plant Maintenance/Network Maintenance |
| _____ Other (Describe) _____ | |

Please answer the following questions. (Answers will be verified)

Workers Compensation Insurance Information

Does your company carry Workers Compensation Insurance? _____ Yes _____ No

List your insurance carriers for the last three years

2017 _____ 2016 _____ 2015 _____

Attach an experience modification rate (EMR) letter from your insurance agent for the last three years.

2017 _____ 2016 _____ 2015 _____

Item	2017	2016	2015
Number of fatalities			
Number of Lost Workday Cases (LTAs)			
Number of Total Days Lost from the Previous Cases			
Number of Non-Lost Workday Cases Restricted Duty			
Number of Non-Lost Workday Cases Medical Treatment			
Number of Total OSHA Recordable Cases			
Number of Total Work Hours (Annual Total)			
Total Illness & Injury Rate (Lost Time + Recordable)			

Total **Recordable** Injury Rate = _____ $\frac{\text{Total \# of OSHA Recordables X 200,000}}{\text{Total \# of Employee Hours Worked}}$

Total **Lost Time** Injury Rate = _____ $\frac{\text{Total \# of Lost Time Accidents X 200,000}}{\text{Total \# of Employee Hours Worked}}$

Do you have a written Safety Program? If yes, please send Photocopy of the **Table of Contents** and **page 7**. _____ Yes
 _____ No

Have you submitted a copy of your safety program? _____ Yes _____ No
 (If "No" please forward a copy of the program)

Does your company have a written Management Safety Policy Statement that establishes responsibility and accountability for safety within your company? _____ Yes _____ No

Do you have a full-time safety professional? _____ Yes _____ No
 If no please provide the contact information for the responsible person for your safety program. _____

Does your company provide new employees safety orientation training? _____ Yes _____ No

Does your company hold safety meetings? _____ Yes _____ No

Are these meetings documented? _____ Yes _____ No

Please check all that apply:

_____ **Daily** tailgate/toolbox(required by CA law) _____ Weekly _____ Bi-weekly

_____ Monthly _____ Less often

Does your company have a written emergency response plan? _____ Yes _____ No

Does your company have an accident reporting procedure? _____ Yes _____ No

Employee Notification

How are employees notified of accidents and near misses?

What methods are used to notify or follow-up with employees?

How soon after an event do employees receive notification?

Inspections and Audits

Do you conduct regular jobsite safety inspections? Yes No

Do you document jobsite inspections? Yes No

Equipment Inspections

Check one:

Do you conduct inspections on operating equipment? Yes No

Do you maintain appropriate inspection and maintenance records for equipment? Yes No

Do you maintain operating equipment as required by safety regulations? Yes No

Drug and Alcohol Control

Does your company have a written Drug & Alcohol Program? Yes No
If "Yes" please forward a copy of the program.

If yes, does your drug and alcohol program include the following tests:

Pre-employment Yes
No

Cause Yes No

Post Accident Yes No

Random Yes No

Is safety used as performance criteria for evaluating?

Foremen Yes No

Supervisors Yes No

Management Yes No

Employee Safety and Health Training

Does your company provide safety and health training? Yes No

Do your training records include the following information:

Employee Identification Yes No

Date of Training Yes No

Name of Trainee and Instructor Yes No

Method used to verify understanding Yes No

How do you verify understanding? (Check all that apply)

Written Test Yes No

Oral Test Yes No

Performance Test Yes No

Other (explain) _____

Are your training records available for audit Yes No

Complete the following summary table of safety and training provided to your employees

Training Subjects	Provided? Yes, No, N/A	Frequency	Records Available? Y/N
Blood borne Pathogens			
Confined Space			
DOT Drug & Alcohol			
Driving Safely			
Electrical Safety			
Emergency Response			
Trenching/Shoring			
Fall Protection			
First Aid CPR			
Forklift Certification			
Hand tools/Equipment			
Hazard Communication			
Hazard Recognition			
Incident Reporting			
Personal Protective Equip.			

Please contact Carlos Bugarin, VCI Construction, LLC Director of Safety, @ (909) 949-1350 ext. 126 or via fax, (909) 946-4138 with any questions and/or directions on forwarding information required.