

SUBCONTRACTOR SAFETY QUESTIONNAIRE

- Safety information must be completed and submitted in writing by any subcontractor interested in performing work with VCI Construction, LLC. Subcontractor safety programs are subject to review by VCI 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 Issued By _____

STATE DMV# AND/OR DOT# _____

Number of employees _____

List All Officers and Titles _____

Check the types of work that your company performs

_____ **ARE YOU an ISN APPROVED SUBCONTRACTOR**

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

_____ Asphalt Restoration

_____ Installation

_____ Aerial Plant

_____ Sweep Ingress/Egress

_____ Cable Splg

_____ Confined Space

_____ Fiber Optic Splicing

_____ General Construction

_____ Rock Saw

_____ Plant 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

2021 _____ 2020 _____ 2019 _____

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

2021 _____ 2020 _____ 2019 _____

| OSHA Recordkeeping | 2021 | 2020 | 2019 |
|--|-------------|-------------|-------------|
| 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 = _____ $\frac{\text{Total \# of Lost Time Accidents X 200,000}}{\text{Total \# of Employee Hours Worked}}$

Must attach a copy of your companies Safety Program

Have you submitted a copy of your safety program? _____ Yes _____ No
(If "No" cannot proceed without)

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 safety orientation training to all new employees? _____ Yes _____ No

Does your company provide Osha 10 hour training and issues training cards and certificates? _____ Yes _____ No

Does your company provide Osha 30 hour training and issues training cards and certificates? _____ Yes _____ No

Does your company provide Competent Person training and issues training cards and certificates? _____ 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

Are safety results used as performance metrics or KPI 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 cognitive ability and 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 | | | |
| Safe Driving / Defensive Driving | | | |
| Electrical Safety | | | |
| Emergency Response | | | |
| Trenching/Shoring | | | |
| Boring/ Directional Boring | | | |
| Excavation | | | |
| Aerial Lift | | | |
| Fall Protection | | | |
| First Aid CPR | | | |
| Forklift Certification | | | |
| Hand tools/Equipment | | | |
| Hazard Communication | | | |
| Hazard Recognition | | | |
| Incident Reporting | | | |
| Personal Protective Equip. | | | |
| Work Zone Protection | | | |

Please contact Timothy Prade, VCI Construction, LLC Director of Safety, @ (909) 949-1350 ext. 102 or via email, (tprade@vcicom.com) with any questions and/or directions on forwarding information required.