



Meyer Najem Construction, LLC

13099 Parkside Drive Fishers, IN 46038 ph: 317.577.0007 fax: 317.577.0286

SUBCONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

Subcontractor shall complete this form and submit it to Meyer Najem Construction, LLC. The information provided will be reviewed as part of the pre-qualification criteria. Provide the requested information as completely as possible to facilitate our review and evaluation. Should your company be pre-qualified, submittals of your safety program(s) will be required for review and approval upon award of a subcontract. If you need more space for any answer, please attach a separate page(s).

Name of Subcontractor: _____

Corporation LLC Sole Proprietorship Years in Business: _____

Owners Name(s): _____

Address of Subcontractor: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

email Address: _____

Standard North American Industry Classification System (NAICS) Code/Trade: _____

Is your company: Union/ Non Union: _____

Is your company a Certified MBE WBE DBE VBE SBE If so, attach a copy of certifying agency letter/certificate

Has your company, or the owners of your company, operated under a different name in the last three years? Yes No

If YES, what was the name and location of the company? _____

1. Use your **OSHA 300** logs to record the number of injuries and illnesses for the last three years.

2008 2009 2010

- a. **Number of Fatalities** _____
- b. **Days Away Restricted Transfer Cases** (cases include restricted, lost time, and job transfer) _____
See columns H and I on OSHA 300 Logs
- c. **OSHA Total Recordable Incident Cases** _____
See columns H, I, and J on OSHA 300 Logs

2. Total Number of Man Hours Worked (**field and office**) _____

3. Attach a copy of your OSHA 300A logs for the last three years.

Is your company exempt from keeping an OSHA log, per 29 CFR: 1904.1 (10 or fewer employees) or per 29 CFR: 1904.2 (Establishments in certain industries)? Yes No

4. List your company's Workers' Compensation (WC) Experience Modification Rate (EMR) for the three most recent years:

- a. 2010 _____ Provide a letter from your WC insurance carrier certifying the listed EMRs. If your WC carrier has not issued your company an EMR because you have not accrued enough WC costs, provide a copy of your WC Loss Run
- b. 2009 _____ (available from your WC carrier).
- c. 2008 _____

5. Do you pre-qualify lower-tier subcontractors? Yes No Will you utilize lower-tier subcontractors? Yes No
If Yes, attach method used to qualify lower-tier subcontractors.

6. Has your company received an OSHA (or State OSHA) citation within the last five (5) years? Yes No

- a. The number and type of violations? _____
- b. The penalties assessed by OSHA? _____
- c. Were the violations contested/vacated? _____

7. Does your company have a written occupational safety and health program? Yes No Provide an index of programs.

8. Does your company conduct & document in writing field safety inspections to determine compliance with applicable regulations and procedures? Yes No

- a. Who conducts these inspections? (provide position and title) _____
- b. How often are safety inspections conducted? _____
- c. Does designated safety rep have 30 hour OSHA training within the last 3 years? Include copy of verification. Yes No

9. Safety Personnel

- a. Does your company have a designated safety director? Yes No
- b. Does Safety Director have 30 hour OSHA construction training within the last 3 years? Include copy of verification Yes No

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c. Does Safety Director have other safety certifications or degrees? Include copy(s) of all documentation. Yes No

10. Does your company have an orientation program for new hires? Yes No

11. Who conducts Safety training for your company? (name and title) _____

12. Does your company have a program in place to discipline workers that perform unsafe work practices? Yes No

13. Does your company have written Accident Investigation Procedures? Yes No

14. Does your company conduct & document in writing "tailgate/toolbox" safety meetings? Yes No

If Yes, how often? _____

15. Does your company have a written Alcohol and Substance Abuse Policy Statement that includes the following? Yes No

- | | | |
|---|------------------------------|-----------------------------|
| a. 5-panel substance testing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Pre-employment testing (within 30 days of pre-job assignment)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Post-accident drug and alcohol testing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Random testing (10 percent per month)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Reasonable suspicion drug and alcohol testing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

16. Does your company offer a Light Duty policy? Yes No

17. Name of designated interpreter for non English speaking crew(s). _____

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|---|
| COMPLETED BY: Name of Firm: _____ Printed Name: _____ Signature: _____ Date: _____ Title: _____ |
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