

MODEL QUESTIONNAIRE

CONTRACTOR HEALTH & SAFETY QUESTIONNAIRE

INSTRUCTIONS: Contractors wishing to submit proposals to ABC Company must complete this Questionnaire and submit it to ABC Company Safety Coordinator [*insert name*] prior to submitting their bids.

A. GENERAL INFORMATION

Company Name: _____

Address/Phone: _____

B. INSURANCE/WORKERS' COMPENSATION

1. Attach documents demonstrating your coverage for damages to and incidents involving third parties, including general liability insurance, automotive, umbrella policies, etc.
2. Is your company in good standing under the Workers' Compensation Board or authority of each jurisdiction in which it performs work?
 yes no
If no, please explain.

3. Attach clearance letters, letters of good standing, rate sheets or other documents demonstrating proof of good standing under Workers' Compensation for each jurisdiction.

C. SAFETY PERFORMANCE

1. Please complete the following charts:

4.1 YOUR EMPLOYEES

Year	Hrs	F	LTI	TR	TRF

4.2 SUB-CONTRACTORS (Combined Total)

Year	Hrs	F	LTI	TR	TRF

Key:

Hrs. = Total hours worked

F = Fatalities

LTI = Lost time injuries—loss by a worker of at least 1 day of work

LTF = Lost time frequency—number of incidents x 200,000, divided by hours worked

TR = Total recordables—Medical aid + restricted duty + LTI

TRF = Total recordable frequency—number of recordable incidents x 200,000, divided by hours worked

2. Has your company received any OHS stop-work orders, charges, convictions or fines in the past 3 years? yes no
If yes, please attach a note explaining the details, including current status or resolution.

D. SAFETY PROGRAM

1. Does your company have a written health and safety policy signed by management? yes no (Please attach.)

2. Does your company have written safety policies and procedures, including clearly defined safety responsibilities for managers, supervisors and workers? yes no (Please attach.)

3. How do you communicate your safety policies and procedures?

4. How often do managers/executives visit the worksite? Provide details.

5. Please attach a description of your on-site inspection program, including how often inspections are conducted, what they cover and who conducts them.

6. Please attach a description of your risk assessment procedures.

7. Please attach a description of your incident reporting and investigation procedures, including how near misses are reported.

8. Please attach a list of the names and qualifications of all supervisors you use to oversee work.

9. Do you provide on-the-job training to all workers? yes no
Please attach a description of your health and safety training program, including how often training is provided, in what format, topics covered, (e.g., housekeeping, lockout, emergency response, etc.), who provides training, etc.

10. Please attach a description of how you notify workers of job-specific hazards.

11. Do you discipline workers for committing health and safety violations? yes no
Please describe.

12. Please attach a description of your health and safety committee/representative (or an explanation of why you don't have one), including its activities, frequency of meetings, etc.

13. Do you have a preventive maintenance program for tools and machinery?

14. Please attach a description of how you incorporate subcontractors' workers into your health and safety training and other programs.

15. Please attach a description of other programs, activities or information that you believe demonstrates that your company carries out its projects safely and in accordance with all health and safety requirements.

Name of Contractor's Safety Coordinator: _____

Contact Information: _____

Date: _____

Signature: _____