



**J. J. WHITE, INCORPORATED
SUBCONTRACTOR'S SAFETY SURVEY FORM**

NOTE TO SUBCONTRACTOR: This is only one part of the overall qualification process. Data requested on this form must be provided only on this form. Please provide attachments as required by section 4, 4A and for explanation of data that can not be provided as requested on the form itself.

Company: _____ Phone: _____

Address: _____ SIC #: _____

_____ (SIC # from insurance carrier)

Name of person attesting to accuracy of information on this form:

Title of person:

Fax: _____ Phone: _____

IMPORTANT: Attach copies of last 3 years OSHA 300 logs. If log not maintained, provide data for #2 as best as possible. Copies of the 300 logs must include all columns except for column C (names of injured or ill person.)

1. List your firm's Local Worker's Compensation Experience Modification Rate (EMR) for the most recent three (3) years. If self insured, print "SI"; or if not rated, print "NR" in rate blank(s).

Year	Rate	EMR Rating System:	<input type="checkbox"/> NCCI
Year	Rate	(Can be obtained from	<input type="checkbox"/> State
Year	Rate	insurance carrier)	<input type="checkbox"/> Local

2. From your OSHA 300 Logs, provide the following for the most recent three (3) years. If you do not maintain a log, provide as much data as possible. Note: Total Incident Rate below = Total Number of OSHA Recordable Incidents X 200,000 divided by the Total Work Hours.

Year	No. of fatalities (Column G)	Number of injuries with days away from work (Column H)	Number of injuries with restricted work (Column I)	Number of Other Recordable Cases (Column J)	Same as (H) but for illnesses	Same as (I) but for illnesses	Total Number of all Recordable cases Injury and Illness from 300 log

Year	Total Number of days away from work	Total Number of days of job transfer or restricted duty	Total Work Hours	Total Recordable Incident Rate

3. How are accident records and summaries maintained? How often are they reported?

Accidents are:

	Yes	No	Monthly	Annually
Totaled for Entire Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Totaled by Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Subtotaled by Superintendent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Subtotaled by Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3A. Are costs of individual accidents maintained? Yes No
 If so, are they summarized in the same way? Yes No

4. What is the largest (dollar) value contract your Company successfully completed over the past 3 year period?

5. Major Incidents: J. J. White, inc. has identified several categories of incidents that are referred to internally as "major incidents". A major incident may be defined as:

- a. Fatality, or serious injuries requiring the hospitalization of three (3) or more employees, contractor personnel, or third parties.
- b. Asset damage of > \$5,000.00 to Equipment or Property on any J.J. White, Inc. job site in the last three years.
- c. Any Environmental or chemical incidents including any spill that is likely to cause severe environmental impact.
- d. Defaulted on any project for any reason with a default value of greater than \$5,000,000. This includes any pending default actions or litigation in which your Company may be actively involved.
- e. Please provide a listing of any major incidents that your company may have been involved in during the most recent three (3) years.

6. Have you received any OSHA citations during the most recent three (3) years? Yes No
 If yes, please attach copies of the actual OSHA citation to this form.

7. Do you have a written safety program? Yes No
 If yes, does your program include the following?
- a. Pre-work safety orientation meeting? Yes No
 - b. Responsibilities clearly defined? Yes No
 - c. Safety and Health training? Yes No
 - d. Specific training for supervisors? Yes No
 - e. Craft safety training (e.g., welders, equipment operators, etc.) Yes No
 - f. Written Hazcom Program? Yes No
 - g. An alcohol and drug abuse policy? If Yes, Attach a copy. Yes No
 - h. An emergency response and evacuation plan? Yes No
 - i. A PPE program, including training? Yes No
 - j. A medical program including Panel Physicians Listed at job site? Yes No
 - k. An exposure monitoring/assessment program? Yes No
 - l. A procedure to control new hires? Yes No
 - m. A procedure to control lower tier (if approved) subcontractors? Yes No
 - n. A written respiratory program? Yes No
 - o. Requirements for regular safety meetings? Yes No
 - p. A procedure for investigation of incidents and accidents? Yes No
 - q. A procedure to identify hazards before the project begins? Yes No
 - r. A job task hazard analysis before each job task begins? Yes No

8. Do you have a full-time safety professional on staff: Yes No

If yes, Name & Phone No.:

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

TITLE OF PERSON COMPLETING THIS FORM