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: ___________________________ 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).

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
<th>EMR Rating System:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>NCCI</td>
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<tr>
<td></td>
<td></td>
<td>State insurance carrier</td>
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<td>Local</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
<th>Rate</th>
<th>(Can be obtained from</th>
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<tr>
<td></td>
<td></td>
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<td>SIC # from insurance carrier</td>
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<td>Local</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of days away from work</th>
<th>Total Number of days of job transfer or restricted duty</th>
<th>Total Work Hours</th>
<th>Total Recordable Incident Rate</th>
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3. How are accident records and summaries maintained? How often are they reported?
Accidents are:

<table>
<thead>
<tr>
<th>Totaled for Entire Company</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totaled by Project</td>
<td></td>
<td></td>
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<tr>
<td>- Subtotaled by Superintendent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Subtotaled by Supervisor</td>
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</tbody>
</table>
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  

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